


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90068 032 ***150.00

DOCUMENT # F96000006251 1. Entity Name MHC TT, INC.					
Principal Place of Business 3801 PARKWOOD BLVD SUITE 100 FRISCO, TX 75034			Mailing Address PO BOX 2529 FRISCO, TX 75034		
2. Principal Place of Business Two N. Riverside Plaza		3. Mailing Address Two N. Riverside Plaza			
Suite, Apt. #, etc Suite 800		Suite, Apt. #, etc Suite 800			
City & State Chicago, Illinois		City & State Chicago, Illinois		4. FEI Number 75-2138671	
Zip 60606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Nays Street Tallahassee, Florida City FL Zip Code 32301		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Teresa Ferrentino</i></u> <u><i>Teresa Ferrentino Asst. VP</i></u> <u><i>4-28-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHAW, WILLIAM J 3801 PARKWOOD #100 PO BOX 2529 FRISCO, TX 75034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas P. Heneghan Two N. Riverside Plaza, #800 Chicago, Illinois 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JACCARD, WALTER B 3801 PARKWOOD #100 PO BOX 2529 FRISCO, TX 75034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVAS Ellen Kelleher Two N. Riverside Plaza, #800 Chicago, Illinois 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HENDRYCY, KENNETH E 3801 PARKWOOD #100 PO BOX 2529 FRISCO, TX 75034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Michael Berman Two N. Riverside Plaza, #800 Chicago, Illinois 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTBURN, JOHN S JR. 258 HIGH ST., #100 PALO ALTO, CA 943011040	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS David W. Fell Two N. Riverside Plaza, #800 Chicago, Illinois 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CHRISTOPHER W 258 HIGH ST., #100 PALO ALTO, CA 943011040	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Marguerite Nader Two N. Riverside Plaza, #800 Chicago, Illinois 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, WILLIAM J P.O. BOX 2529, 3801 PARKWOOD BLVD., #100 FRISCO, TX 75034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jennifer Usher Two N. Riverside Plaza, #800 Chicago, Illinois 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: By: <u><i>David W. Fell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			David W. Fell, VP 312/279-1400 04/26/05 <small>Date Daytime Phone #</small>		