

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT #F97000004155

1. Entity Name  
MESIROW STEIN DEVELOPMENT SERVICES, INC.



Principal Place of Business  
350 N. CLARK STREET  
CHICAGO, IL 60610

Mailing Address  
321 N CLARK STREET  
CHICAGO, IL 60610

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
36-4174734

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TCFO
NAME	PASKVAN, KRISTIE P
STREET ADDRESS	350 N. CLARK STREET
CITY-STATE-ZIP	CHICAGO, IL 60610
TITLE	C
NAME	STEIN, RICHARD A
STREET ADDRESS	350 N. CLARK STREET
CITY-STATE-ZIP	CHICAGO, IL 60610
TITLE	S
NAME	BUSSCHER, A B
STREET ADDRESS	321 N CLARK STREET
CITY-STATE-ZIP	CHICAGO, IL 60610
TITLE	D
NAME	PRICE, RICHARD S
STREET ADDRESS	321 N CLARK STREET
CITY-STATE-ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000196993  
01/26/05-80093-005 300.00

**DO NOT WRITE  
IN THIS SPACE**

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05 (312) 595-6000  
Date Daytime Phone #