

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006602 (3)**

1. Corporation Name
MHC-QRS, INC.



Principal Place of Business 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606	Mailing Address 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1997	
21 Suite, Apt. #, etc.		26 c/o Ann Schneider		4. FEI Number 36-3870338	Applied For Not Applicable
22 City & State		27 Suite, Apt. #, etc. 2 N. Riverside, #1600		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 City & State Chicago, IL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip 60606	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	WALKER, HOWARD	1.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	EVP/D/AS
NAME	KELLEHER, ELLEN	2.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SCHNEIDER, ANN M	3.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	T/EVP/D
NAME	HENEGHAN, THOMAS	4.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	D/C
NAME	ZELL, SAMUEL	5.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HARING, RUTH	6.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

APR 13 1998

312-466-3607

CR2E034 (10/97)