

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90007 050 \*\*\*550.00

**DOCUMENT #** F97000006602

**1. Entity Name**

MHC-QRS, INC.

**Principal Place of Business**

**Mailing Address**

c/o Jennifer Usher  
 Two North Riverside Plaza  
 Suite 800  
 Chicago, Illinois 60606

Same

**2. Principal Place of Business**

**3. Mailing Address**

c/o Jennifer Usher

c/o Jennifer Usher

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

2 N. Riverside Plaza, #800

2 N. Riverside Plaza, #800

**City & State**

**City & State**

Chicago, Illinois

Chicago, Illinois

**4. FEI Number**

36-3870338

**Applied For**

Not Applicable

**Zip**

60606

**Country**

US

**Zip**

60606

**Country**

US

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

774101

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Lexis Document Services, Inc.  
 3953 WW Kelley Road  
 Tallahassee, FL 32311

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

FL

**Zip Code**

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when restate)

**DATE**

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)**

☐

**FILE NOW IN FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution**

☐

**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                 |                                 |
|-----------------------|---------------------------------|---------------------------------|
| <b>TITLE</b>          | PD                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Walker, Howard                  |                                 |
| <b>STREET ADDRESS</b> | Two North Riverside Plaza, #800 |                                 |
| <b>CITY-ST-ZIP</b>    | Chicago, Illinois 60606         |                                 |
| <b>TITLE</b>          | EDA                             | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Kelleher, Ellen                 |                                 |
| <b>STREET ADDRESS</b> | Two North Riverside Plaza, #800 |                                 |
| <b>CITY-ST-ZIP</b>    | Chicago, Illinois 60606         |                                 |
| <b>TITLE</b>          | SE                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Fell, David                     |                                 |
| <b>STREET ADDRESS</b> | Two North Riverside Plaza, #800 |                                 |
| <b>CITY-ST-ZIP</b>    | Chicago, Illinois 60606         |                                 |
| <b>TITLE</b>          | TED                             | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Heneghan, Thomas                |                                 |
| <b>STREET ADDRESS</b> | Two North Riverside Plaza, #800 |                                 |
| <b>CITY-ST-ZIP</b>    | Chicago, Illinois 60606         |                                 |
| <b>TITLE</b>          | DC                              | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Zell, Samuel                    |                                 |
| <b>STREET ADDRESS</b> | Two North Riverside Plaza, #800 |                                 |
| <b>CITY-ST-ZIP</b>    | Chicago, Illinois 60606         |                                 |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                                 |                                 |
| <b>STREET ADDRESS</b> |                                 |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |                                 |

|                       |                                 |                                                                              |
|-----------------------|---------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b>          | CEOD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                 |                                                                              |
| <b>STREET ADDRESS</b> |                                 |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                 |                                                                              |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                 |                                                                              |
| <b>STREET ADDRESS</b> |                                 |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                 |                                                                              |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                 |                                                                              |
| <b>STREET ADDRESS</b> |                                 |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                 |                                                                              |
| <b>TITLE</b>          | PCOOD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |                                 |                                                                              |
| <b>STREET ADDRESS</b> |                                 |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                 |                                                                              |
| <b>TITLE</b>          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                 |                                                                              |
| <b>STREET ADDRESS</b> |                                 |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                 |                                                                              |
| <b>TITLE</b>          | VRCFOT                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | ZOELLER, JOHN                   |                                                                              |
| <b>STREET ADDRESS</b> | Two North Riverside Plaza, #800 |                                                                              |
| <b>CITY-ST-ZIP</b>    | Chicago, Illinois 60606         |                                                                              |

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** By: *David W. Zell*

David Zell, Secretary 07/25/01 312/279-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Printed Name