

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90166 037 ***150.00

DOCUMENT # F97000006602

1. Entity Name
MHC-QRS, INC.



Principal Place of Business
**C/O JENNIFER USHER
2 N RIVERSIDE PLAZA 800
CHICAGO IL 60606**

Mailing Address
**C/O JENNIFER USHER
2 N RIVERSIDE PLAZA 800
CHICAGO IL 60606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3870338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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
LexisNexis Document Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)
3953 W.W. Kelley Road

City
Tallahassee

FL

Zip Code
32311

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

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

DATE

2-25-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**CEO
WALKER, HOWARD
2 NORTH RIVERSIDE
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EDA
KELLEHER, ELLEN
2 NORTH RIVERSIDE
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DEVAS ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
FELL, DAVID
2 N. RIVERSIDE PLAZA, STE 800
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCOO
HENEGHAN, THOMAS
2 NORTH RIVERSIDE
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
ZELL, SAMUEL
2 NORTH RIVERSIDE
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPCF
ZOELLER, JOHN
TWO NORTH RIVERSIDE PLAZA 800
CHICAGO IL 60606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVCFO ☒ Change ☒ 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: **David W. Fell** REQUIRED

312/279-1400

02/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)