FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 PM 12:07

DOCUMENT # P09231 (2)

1. Corporation Name
MESIROW REAL ESTATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
350 N. CLARK 2ND FL J MART CHICAGO IL 60610-1796 US	350 N. CLARK 2ND FLR JMART CHICAGO IL 60610-1796 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1986
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 36-2945262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, GERALD J.	1.2 NAME		
STREET ADDRESS	350 N. CLARK	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP		
TITLE	MVAS	2.1 TITLE	M/As	☒ Change ☐ Addition
NAME	COHEN, GARRY W.	2.2 NAME	Cohen, Garry W.	
STREET ADDRESS	350 N. CLARK	2.3 STREET ADDRESS	350 N. Clark St.	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago IL	
TITLE	SDM	3.1 TITLE		☐ Change ☐ Addition
NAME	HANNENBERG, RUTH C	3.2 NAME		
STREET ADDRESS	350 N. CLARK	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	ASV	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, DENNIS B. (ASST)	4.2 NAME		
STREET ADDRESS	350 N. CLARK	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, LESTER A.	5.2 NAME		
STREET ADDRESS	350 N. CLARK	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	TYREE, JAMES C	6.2 NAME		
STREET ADDRESS	350 NORTH CLARK STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/6/95 312/595-6239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruth C. Hannenberg

0468234 FP