FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

P09231

(2)

MESIROW REAL ESTATE INVESTMENTS, INC.

Principal Place of Business Mailing Address									II ANI CIAN DI				
350 N. CLARK 2ND FL J MART CHICAGO IL 60610-1796		350 N. CLARK 2ND FLR JMART CHICAGO IL 80610-1796											
US			US					3. Date Incorporated or Qualified					
2. Principal Pla	ice of Business	2a.	Mailing Address					4. FEI Number		Ĺ	Αp	plied For	
21		26						36-2945262				t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
Zip	Country	₁	Zip Cou			1		This corporation has liability for intangible tax under s 199.032,					
24	[25]	29	30					<u> </u>					
9. Name and Address of Current Registered Agent					81	Name		10. Name and Address of New R	egistered	Agent			
AT AA	DARATION OVOTER					IVAITIE	,						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						Street	Address	dress (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324					B3								
					84	City				85	Zip C	Code .	
					Ľ	٠.,			FL			7000	
or registere familiar with SIGNATURE _	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Section, and accept the obligations of, Section 1997, and 1997 of the State of the	da. Such on 607.0	change was authorize 0505, Florida Statutes	ed by the	corp	oration's	s board o	f directors. I hereby accept the app	pose of cha pintment as	inging i registe	its reg ∍red aç	istered office gent. I am	
12.	OFFICERS AND DIRECTORS				TE Registered Agent signature require 13.			ADDITIONS/CHANGES TO OFF		DIREC	CTORS	3 IN 12	
TITLE	М		☐ DELETE		TITLE		T			Chan		Addition	
NAME	LEVIN, GERALD J.			12	NAME								
STREET ADDRESS	350 N. CLARK			1.3	STREET	ADDRESS							
C-TY-ST-ZIP	CHICAGO IL			1.4	CITY-S	ST-ZIP							
THLE	MAS		DELETE 2 1							Chan	ige	☐ Addition	
NAME	COHEN, GARRY W.		221		2 2 NAME								
STREET ADDRESS	350 N. CLARK		235		2 3 STREET ADDRESS								
CITY - ST - ZiP	CHICAGO IL		F7 85.576	_		ST-ZIP						=	
TITLE	SDM		DELETE		TITLE				Ĺ	Chan	ige [Addition	
NAME	HANNENBERG, RUTH C				MAME		.						
STREET ADDRESS	350 N. CLARK					T ADDRESS							
CITY-ST-7IP TITLE	CHICAGO IL ASV		DELETE		DITY-S TITLE	T-ZIP	DIA		r	Chan	100 1	★ Addition	
NAME	BLACK, DENNIS B. (ASST)		DECETE		NAME		PIA	a Bruca T	L		Ac 1	A Modition	
STREET ADDRESS	350 N. CLARK					ADDRESS	350	g, Bruce J. N. Clark St.					
CITY-ST-ZIP	CHICAGO IL					ST-ZIP	Chic	cago, IL bobio					
THILE	D	***	DELETE		TITLE		CFO	IAS		Chan	ige [Addition	
NAME	MORRIS, LESTER A.		- -		MAME			arczyk, Eve M.	•	-		~	
STREET ADDRESS	350 N. CLARK					ADDRESS		N Clark St.					
CITY-ST-ZIP	CHICAGO IL					ST-ZIP		ago IL 40410					
TETLE	PD			_			CD	J	1	Chan	ige [Addition	
NAME	Tyree, James C			621	NAME		Tur	ee, James C.	·				
STREET ADDRESS	350 NORTH CLARK STREET			6.3	STREET	ADDRESS	350	N. Clark St.					
C-TY-ST-ZIP	CHICAGO IL			64	CITY-S	T-ZIP	Chic	eago IL 60610					
A hada basasta	and the second of the second o	والمراجع الماجي	المحارك والمستقمان المرارسة المساكات		1 -1			the annual continuous telephone in the continuous states.	OTHERS EL			1 4 44	

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)(k), 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:

4/11/19/, (312) 595-6239

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96 (312) 595-6239