2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

RUSICHATURE AND TYPETTOR PRINTED HOME ODSIGNING DEFICER OR DIRECTOR

DOCUMENT # P09231 1. Entit Name **FILED** MESIROW REAL ESTATE INVESTMENTS, INC. Sep 19 2000 8:00 am Secretary of State Principal Place of Business Mailing Address 350 N. CLARK 350 N. CLARK 2ND FL J MART 2ND FLR JMART CHICAGO IL 60610-1796 CHICAGO IL 60610-1796 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-2945262 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 М Change ☐ Addition TITI F TITLE ☐ Delete LEVIN, GERALD J. NAME NAME STREET ADDRESS STREET ADDRESS 350 N. CLARK CITY-ST-ZIP CITY-ST-7IP CHICAGO IL ☐ Change ☐ Addition MAS ☐ Delete TITLE TITLE COHEN, GARRY W. NAME NAME STREET ADDRESS 350 N. CLARK STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ***550.00 SDM ☐ Delete TITLE TITLE HANNENBERG, RUTH C NAME NAME STREET ADDRESS STREET ADDRESS 350 N. CLARK CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Treasurer/CFO ☐ Change Addition ✗ Delete TITLE TITLE Kristie P. Paskvan ZYCK, DONALD J NAME NAME STREET ADDRESS STREET ADDRESS 350 N CLARK ST 350 N. Clark Street CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610 Chicago, IL 60610 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TYREE, JAMES C NAME NAME 350 NORTH CLARK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Change ∏ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

9-14-00

(312) 595-6000