


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P09231</b>	
1. Entity Name <b>MESIROW REAL ESTATE INVESTMENTS, INC.</b>	

Principal Place of Business <b>350 N. CLARK 2ND FL J MART CHICAGO, IL 60610-1796 US</b>	Mailing Address <b>350 N. CLARK 2ND FLR JMART CHICAGO, IL 60610-1796 US</b>
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**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2945262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEVIN, GERALD J. 321 N. CLARK CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAS COHEN, GARRY W. 321 N. CLARK CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RICHARD S 321 N. CLARK CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO PASKVAN, KRISTIE P 321 N CLARK ST CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TYREE, JAMES C 350 NORTH CLARK STREET CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD BUSSCHER, A B 321 N CLARK ST CHICAGO, IL 60610

000000097194  
03/26/04-80029-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	3-22-04	(312) 596-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>A. Brad Busscher, Secretary</b>	Date	Daytime Phone #