

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90230 033 ***150.00

DOCUMENT # F04000003520 1. Entity Name FRIEDMAN CORPORATION					
Principal Place of Business ONE PARKWAY NORTH STE. 4005 DEERFIELD, IL 60015			Mailing Address ONE PARKWAY NORTH STE. 4005 DEERFIELD, IL 60015		
2. Principal Place of Business ONE PARKWAY NORTH Suite, Apt. #, etc. SUITE 400 SOUTH City & State DEERFIELD IL Zip 60015		3. Mailing Address ONE PARKWAY NORTH Suite, Apt. #, etc. SUITE 400 SOUTH City & State DEERFIELD IL Zip 60015			
4. FEI Number 36-3083811		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. 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 reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	CS LEONARD, MARK 20 ADELAIDE STREET EAST STE. 1200 TORONTO ON MJC 2T8, ON	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SYMONS, BARRY 20 ADELAIDE STREET EAST STE. 1200 TORONTO ON MJC 2T8, ON	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZAROUTH, BERNARD 20 ADELAIDE STREET EAST STE. 1200 TORONTO ON MJC 2T8, ON	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YAMAUCHI, CRAIG ONE PARKWAY NORTH STE 4005 DEERFIELD, IL 60015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRMANN, ERIC ONE PARKWAY NORTH STE. 4005 DEERFIELD, IL 60015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YAMAUCHI, CRAIG ONE PARKWAY NORTH SUITE 400 SOUTH DEERFIELD IL 60015	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERRMANN, ERIC ONE PARKWAY NORTH SUITE 400 SOUTH DEERFIELD IL 60015	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <u>Paul Dickey</u> <u>3/9/05</u> <u>(847) 948-7180</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					