


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90127 001 \*\*\*750.00

**DOCUMENT # F20782**  
1. Entity Name  
**JUPITER MANAGEMENT CORPORATION**



**66003296**



Principal Place of Business      Mailing Address  
C/O THE OLD MOUNTAIN COMPANY      C/O THE OLD MOUNTAIN COMPANY  
225 WEST WACKER SUITE 1500      225 WEST WACKER SUITE 1500  
CHICAGO, IL 60606 US      CHICAGO, IL 60606 US

02112008      Chg-P      CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2088855**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: PT       Delete  
NAME: PIRVANO, JOHN  
STREET ADDRESS: 551 FIFTH AVE, #1916  
CITY-ST-ZIP: NEW YORK, NY 10176

TITLE: VP       Delete  
NAME: HAMMOND, TORRENCE K  
STREET ADDRESS: 225 W WACKER, #1500  
CITY-ST-ZIP: CHICAGO, IL 60606

TITLE: S       Delete  
NAME: SVEC, CHRIS  
STREET ADDRESS: 225 W WACKER, #1500  
CITY-ST-ZIP: CHICAGO, IL 60606

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: President       Change       Addition  
NAME:       Change       Addition  
STREET ADDRESS:       Change       Addition  
CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
NAME:       Change       Addition  
STREET ADDRESS:       Change       Addition  
CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
NAME:       Change       Addition  
STREET ADDRESS:       Change       Addition  
CITY-ST-ZIP:       Change       Addition

TITLE: Director       Change       Addition  
NAME: Marshall Field V  
STREET ADDRESS: 225 W. Wacker Dr., #1500  
CITY-ST-ZIP: Chicago, IL 60606

TITLE: Treasurer       Change       Addition  
NAME: Susan E. Shapiro  
STREET ADDRESS: 225 W. Wacker Dr., #1500  
CITY-ST-ZIP: Chicago, IL 60606

TITLE:       Change       Addition  
NAME:       Change       Addition  
STREET ADDRESS:       Change       Addition  
CITY-ST-ZIP:       Change       Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christine Svec*      Christine Svec, Secretary      2/11/08      312-917-1813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #