

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000005788

1. Entity Name
JUPITER INTERVAL CO., INC.



Principal Place of Business
551 5TH AVE SUITE 1916
NEW YORK, NY 10176

Mailing Address
C/O THE OLD MOUNTAIN CO
225 WEST WACKER, SUITE 1500
CHICAGO, IL 60606 US

FILED

2007 JAN 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3914368

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIROVANO, JOHN A
STREET ADDRESS	551 5TH AVE, STE 1916
CITY-ST-ZIP	NEW YORK, NY
TITLE	VD
NAME	FIELD, MARSHALL V
STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL
TITLE	S
NAME	PALLADINO, ALBERTA A
STREET ADDRESS	1001 N. U.S. HWY. 1, SUITE 205 JUPITER, FL 33477
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	T
NAME	HAMMOND, TORRENCE K
STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AS
NAME	SVEC, CHRISTINE
STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07--01010--001 **2250.00

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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, Asst. Sec'y. 1/19/07

312-917-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #