

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

DOCUMENT # P96000089159
1. Entity Name

JUPITER FINANCIAL CORPORATION

05-02-2002 90099 005 ***150.00

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 2. Principal Place of Business C/O The Old Mountain Co Suite, Apt. #, etc. 551 Fifth Ave # 1916 City & State New York, NY 10176 Zip Country | | 3. Mailing Address C/O Jupiter Finance CO Suite, Apt. #, etc. 1001 N US One Suite 205 City & State Jupiter, FL 33477 Zip Country | |
|---|--|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0720583 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|----------------------|
| 7. Name and Address of Current Registered Agent | |
| Name CT Corporation System | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 S. PinerIsland Rd Suite 400 | |
| City Plantation | FL Zip Code 33324 |

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 (NOTE: Registered Agent signature required when reinstating) DATE _____

* 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **XX**

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|---|--|---------------------------------------|
| TITLE D NAME Field, Marshall V STREET ADDRESS 225 West Wacker Dr #1500 CITY - ST - ZIP Chicago, IL 60606 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE DP NAME Pirovano, John A. STREET ADDRESS 551 Fifth Ave # 1916 CITY - ST - ZIP New York, NY 10176 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE V NAME Paige, Lynn STREET ADDRESS 1001 N. US One #205 CITY - ST - ZIP Jupiter, FL 33477 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE S NAME Svec, Christine STREET ADDRESS 225 W. Wacker Dr. #1500 CITY - ST - ZIP Chicago, IL 60606 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE T NAME Spiotta, Ronald STREET ADDRESS 225 W. Wacker Dr. #1500 CITY - ST - ZIP Chicago, IL 60606 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Paige* Vice President LYNN Paige 4/15/02 561-748-8007