

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089159

FILED
Feb 24, 2004
Secretary of State

Entity Name: JUPITER FINANCIAL CORPORATION

Current Principal Place of Business:

C/O THE OLD MOUNTAIN COMPANY, INC.
551 FIFTH AVE., SUITE 1916
NEW YORK, NY 10176

New Principal Place of Business:

Current Mailing Address:

1001 N US HWY 1
205
JUPITER, FL 33477 US

New Mailing Address:

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

FEI Number: 65-0720583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
SUITE 400
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIELD, MARSHALL V
Address: 225 W WACKER DR STE 1500
City-St-Zip: CHICAGO, IL 60606

Title: DP () Delete
Name: PIROVANO, JOHN A
Address: 551 FIFTH AVE., SUITE 1916
City-St-Zip: NEW YORK, NY 10176

Title: V () Delete
Name: PAIGE, LYNN
Address: 1001 N US HWY 1 STE 205
City-St-Zip: JUPITER, FL 33477

Title: S () Delete
Name: SVEC, CHRISTINE
Address: 225 W WACKER DR STE 1500
City-St-Zip: CHICAGO, IL 60606

Title: T () Delete
Name: SPIOTTA, RONALD J
Address: 225 W WACKER DR STE 1500
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN M. PAIGE

_____ Electronic Signature of Signing Officer or Director

V

02/24/2004

_____ Date