

03-17-2003 91079 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000089159
 1. Entity Name
JUPITER FINANCIAL CORPORATION



90053649

Principal Place of Business
**C/O THE OLD MOUNTAIN COMPANY, INC.
 551 FIFTH AVE., SUITE 1916
 NEW YORK, NY 10176**

Mailing Address
**C/O JUPITER FINANCE COMPANY, INC
 US HWY 1 STE 205
 JUPITER, FL 33477 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**1001 N US HWY 1
 #205**

City & State
Jupiter FL

Zip
33477



6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 SUITE 400
 PLANTATION, FL 33324**

4. FEI Number
65-0720583

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

I, 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's signature required when resigning)

FILE NOW!! FEES IS \$150.00
 After May 1, 2003 Fee will be \$560.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	FIELD, MARSHALL V	<input type="checkbox"/> Delete
STREET ADDRESS	225 W WACKER DR STE 1500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE DR	PIROVANO, JOHN A	<input type="checkbox"/> Delete
STREET ADDRESS	551 FIFTH AVE., SUITE 1916	
CITY-ST-ZIP	NEW YORK, NY 10176	
TITLE V	PAIGE, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS	1001 N US HWY 1 STE 205	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE S	SVEC, CHRISTINE	<input type="checkbox"/> Delete
STREET ADDRESS	225 W WACKER DR STE 1500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE T	SPIOTTA, RONALD J	<input type="checkbox"/> Delete
STREET ADDRESS	225 W WACKER DR STE 1500	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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: *Lynn Paige* **LYNN Paige** 3/11/03 501-748-8007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E034 (10/02)