## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA' DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9800000953

**DIAMOND PARTNERS INCORPORATED** 

Principal Place	of Business	Mailing Address			1				
875 N. MICHIGAN AVE #3000 CHICAGO IL 60611		875 N. MICHIGAN AVE #3000 CHICAGO IL 60611			DO NOT WRITE IN	THIS SPACE			
					<b>⊢</b>	3. Date Incorporated or Qualifed		<del></del>	
1						02/19/1998		{	
2 Deinsing D	ace of Business	2a. Mailing Address			$\longrightarrow$	4. FEI Number		Applied For	
<b>⊢</b> `	ace of business	<b>⊢</b> ' '				36-4069586	<u> </u>	Not Applicable	
21   26					<del></del>	30 4003300		Additional	
F			1			5. Certificate of Status Desired	•	Required	
22					-	6. Election Campaign Financing	\$5.0	0 May Be	
23 28						Trust Fund Contribution		d to Fees	
Zip	Country Zip Cou								
24	25	29 30	] [			Personal Property Tax.			
24	9. Name and Address of Current		<del> </del>		1	10. Name and Address of New Registe	red Agent		
			81	Name	,				
CORPORATION SERVICE COMPANY				82 Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET			62	Street	Address	(P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525			83						
			_				105 7:	- 0-4-	
}			84	City			FL  85   Zi	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature	required who	en reinstating) DA			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	PDCE	☐ DELETE	1.1 TITLE		Charne	n at the Bound & CEO	<b>⊠</b> Chang	e 🗌 Addition	
NAME	Bergstein, Melvyn e		1.2 NAME						
STREET ADDRESS	271 WHITE OAK LANE 138		1.3 STREE	3 STREET ADDRESS					
CITY-ST-ZIP	WINNETKA IL 60093 14.0		1.4 CITY-5	4 CITY-ST-ZIP					
TITLE	V ⊠ DELETE 2.17		2.1 TITLE			resident & Chick Operating Officer	Chang	e 🗹 Addition	
NAME	ABBATTISTA, ANTHONY L 22N		2.2 NAME		Gutstein, Adam J.				
STREET ADDRESS	50 E. BELLEVUE PLACE #2602 23S		2.3 STREE	T ADDRESS		Taylor Road			
CITY-ST-ZIP	CHICAGO IL 60611 2.40		2.4 CITY-	ST-ZIP	Hone	cove Falls NY 14472			
TITLE	V	<b>⊠</b> DELETE	3.1 TITLE			or President & Assistant Secreta	γ □ Chang	e 🔀 Addition	
NAME	ANDREWS, TIM 32 N		3.2 NAME			ei E. Mikolajczyk			
STREET ADDRESS	33 HIGH PINE CIRCLE 3.3 ST		3.3 STREE	T ADDRESS	165	Beach Road			
CITY-ST-ZIP	CONCORD MA 01742 3.4. C		3.4. CITY-	ST-ZIP	Glen	coe IL 60011			
TITLE	٧	<b>⊠</b> DELETE	4.1 TITLE			r, Senior Vice President & Secre	hay Chang	e 😡 Addition	
NAME	BESTOR, LAURA M		4.2 NAME		Chris	topher J. Moffitt	2000	ļ	
STREET ADDRESS	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.3 STREE	STREET ADDRESS 875		N. Michigan Avenue, Svite	2 000	ļ	
CITY-ST-ZIP	ST. GEORGE UT 84770		4.4 CITY-5	T-ZIP	Chic				
TITLE	٧	<b>⊠</b> DELETE	5.1 TITLE		Direct		☐ Chang	e 🛛 Addition	
NAME	BLOYD, ROBERT E		5.2 NAME		Jame	4 C. Soira		,	
STREET ADDRESS			5.3 STREE	T ADDRESS	1695	o S. Woodland Road		-	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

Heights, OH

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WESTMONT IL 60559

790 TOWER RECORD

WINNETKA IL 60093

BUPP, KARL E

☐ DELETE

Change

☐ Addition

Mar 10, 1999 8:00 am

Secretary of State

03-10-1999 90084 048 \*\*\*150.00