## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001020

Entity Name: J.J.& H. THE JACOBSON GROUP, INC.

**Current Principal Place of Business:** 

190 SOUTH LASALLE STREET **SUITE 2850** CHICAGO, IL 60603

**Current Mailing Address:** 

190 SOUTH LASALLE STREET **SUITE 2850** CHICAGO, IL 60603 US

FEI Number: 36-2719570 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: MARK WILLIAMS 04/24/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

**DIRECTOR** 

City-State-Zip:

City-State-Zip:

Title

**DIRECTOR** Title Title **PRESIDENT** 

JACOBSON, RICHARD JACOBSON, RICHARD Name Name

Address 190 SOUTH LASALLE STREET Address 190 SOUTH LASALLE STREET

> **SUITE 2850 SUITE 2850**

CHICAGO IL 60603 CHICAGO IL 60603 City-State-Zip:

Title **SECRETARY** Title **TREASURER** 

JACOBSON, GREGORY Name

JACOBSON, GREGORY Name

190 SOUTH LASALLE STREET 190 SOUTH LASALLE STREET Address Address **SUITE 2850 SUITE 2850** 

CHICAGO IL 60603 City-State-Zip: CHICAGO IL 60603

Title

ACCOUNTING MANAGER

JACOBSON, GREGORY SMITH, DEVIE Name Name

190 SOUTH LASALLE STREET 190 SOUTH LASALLE STREET Address Address

**SUITE 2850 SUITE 2850** 

CHICAGO IL 60603 CHICAGO IL 60603 City-State-Zip: City-State-Zip:

I hereby 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 all other like empowered.

04/24/2024 SIGNATURE: DEVIE SMITH ACCOUNTING MANAGER

Date

**FILED** Apr 24, 2024

**Secretary of State** 

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