

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90142 033 ***150.00

DOCUMENT # 473197

1. Corporation Name

First Capital Financial Corporation

Principal Place of Business

Two N. Riverside Plaza
Chicago, Illinois 60606

Mailing Address

c/o Ann M. Schneider
Two N. Riverside Plaza, #1600
Chicago, Illinois 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Inc. - 4/21/75

4. FEI Number

59-1604552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

Prentice-Hall Corporation, System, Inc.
1201 Hays Street, Suite 105
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE
NAME Douglas Crocker, II
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chicago, Illinois 60606

TITLE Director ☐ DELETE
NAME Sheli Z. Rosenberg
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chicago, Illinois 60606

TITLE President and C.E.O. ☐ DELETE
NAME Douglas Crocker, II
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chicago, Illinois 60606

TITLE Vice President ☐ DELETE
NAME David B. Lawrence
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chicago, Illinois 60606

TITLE Secretary ☐ DELETE
NAME Susan Obuchowski
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chicago, Illinois 60606

TITLE Assistant Secretary ☐ DELETE
NAME Ann M. Schneider
STREET ADDRESS Two N. Riverside Plaza
CITY-ST-ZIP Chicago, Illinois 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1999

Date

Daytime Phone #

CR2E034 (10/97)