


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001388
 1. Entity Name
FIRST CAPITAL MORTGAGE CORP. OF CHICAGO



Principal Place of Business 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622	Mailing Address 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4290427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PERLOW, JEFFREY ESQ
20801 BISCAYNE BLVD
SUITE 505
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

B. 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 signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOREK, SAM 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOLDHIRSH, MICHAEL A 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GOLDHIRSH, DAVID S 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/04-80051-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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: _____ **Michael Goldhirsh**
 _____ **1/16/04 312-327-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #