2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001388

Entity Name
FIRST CAPITAL MORTGAGE CORP. OF CHICAGO

Principal Place of Business	Mailing Address
600 W. CHICAGO AVE SUITE 730 CHICAGO, IL 60610	600 W. CHICAGO AVE SUITE 730 CHICAGO, IL 60610

01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
36-4290427
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ERLOW, JEFFREY ESQ
0801 BISCAYNE BLVD
SUITE 505
VENTURA, FL 33180

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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, 2006 Fee will be $550.00

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

000000336773
01/30/06-80024-005 150.00

OFFICERS AND DIRECTORS

TITLE	C
NAME	BOREK, SAM
STREET ADDRESS	935 WEST CHESTNUT SUITE 600
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	CEO
NAME	GOLDHIRSH, MICHAEL A
STREET ADDRESS	935 WEST CHESTNUT SUITE 600
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	P
NAME	GOLDHIRSH, DAVID S
STREET ADDRESS	935 WEST CHESTNUT SUITE 600
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/23/06 (352) 327-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #