FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90159 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001388

10042537

1. Entity Name
FIRST CAPITAL MORTGAGE CORP. OF CHICAGO

Principal Place of Business	Mailing Address
935 WEST CHESTNUT SUITE ~~60622~~ 600 CHICAGO, IL 60622	935 WEST CHESTNUT SUITE ~~60622~~ 600 CHICAGO, IL 60622

2. Principal Place of Business	3. Mailing Address
935 W. Chestnut St.	935 W. Chestnut St.
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Chicago, IL	City & State Chicago, IL
Zip 60622 Country Cook	Zip 60622 Country Cook

☒ CHECK HERE IF MAKING CHANGES

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

PERLOW, JEFFREY ESQ
20801 BISCAYNE BLVD
SUITE 505
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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's signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BOREK, SAM 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDHIRSH, MICHAEL A 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Goldhirsh, Michael A 935 W. Chestnut St., Suite 600 Chicago, IL 60622	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GOLDHIRSH, DAVID S 935 WEST CHESTNUT SUITE 600 CHICAGO, IL 60622	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD Goldhirsh, David S 935 W. Chestnut St., Suite 600 Chicago, IL 60622	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 3-19-03 (312) 421-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #