2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000001671

1. Entity Name

UNICORN FINANCIAL SERVICES, INC.



Principal Place of Business 3520 THOMASVILLE RD

SUITE 500 TALLAHASSEE, FL 32308 Mailing Address

29 N WACKER DRIVE SUITE 603 CHICAGO, IL 60606

FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90030 035 ***150.00

24041102



DO NOT WRITE IN THIS SPACE

01062004 CR2E034 (10/03)

4. FEI Number Applied For 36-4179522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the pi	urpose of changing its registered	office or r	egistered agent, or both, in the	State of Florida. I am familiar with, and accept	
	ons of registered agent.	,				
01011477105						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00		Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
After May 1, 2004 Fee will be \$550.00		riusi runo Continuttion.	ب	Added to Fees		
10. OFFICERS AND DIRECTORS Sel, OHAVIOL.						
TITLE	CD			1		
NAME	LANDERS, JOSEPH W					
STREET ADDRESS	3520 THOMASVILLE RD SUITE 500	i				
CITY-ST-ZIP	TALLAHASSEE, FL 32308					
TITLE	PS					
NAME	MILLS, CECIL LA DON		,			
STREET ADDRESS	3520 THOMASVILLE RD SUITE 500					
CITY-ST-ZIP	TALLAHASSEE, FL 32308			•		
TITLE	CAO					
NAME	KLIMKOWSKI, ROBERTA J				•	
STREET ADDRESS	29 N WACKER DRIVE SUITE 603			DO NO	T WOITE	
CITY-ST-ZIP	CHICAGO, IL 60606			DO NO	OT WRITE	
TITLE	CFO			IN THI	S SPACE	
NAME	NANCE, BLAIR T			114 1 111	3 SPACE	
STREET ADDRESS	29 N WACKER DRIVE SUITE 603					
CITY-ST-ZIP	CHICAGO, IL 60606					
TITLE	ם					
NAME	LIFFMANN, JOEL				•	
STREET ADDRESS	200 GREENWICH AVE 3RD FLOOR					
CITY-ST-ZIP	GREENWICH, CT 06830					
TITLE	D					
NAME	FEINRERG LARRY N					

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 of 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 an address, with all other like empowered.

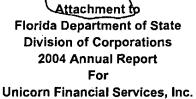
SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 200 GREENWICH AVE 3RD FLOOR GREENWICH, CT 06830

ATR T. NANCE CHIEF FINANCIAL LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#F00000001671



Block 10 Additions to Officers in 10

Title	V. P. Information Technology			
Name	David Ochs			
Street Address	29 N. Wacker Drive, Suite 603			
City-St-Zip	Chicago IL 60606			
Title	V.P. Operation			
Name	Nicholas Hopfauf			
Street Address	1250 S. Clearview Avenue, Suite 100			
City-St-Zip	Mesa, AZ 85208			
Title	V.P Marketing			
Name	Susan Richardson			
Street Address	3520 Thomasville Road, Suite 500			
City-St-Zip	Tallahassee, FL 32309			
Title	D			
Name	Alfred P. West			
Street Address	One Freedom Valley Dr.			
City-St-Zip	Oaks, PA 19456-1100			
Title	D			
Name	Frederick Hammer			
Street Address	712 5th Avenue			
City-St-Zip	New York, NY 10019			