

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000004758

1. Entity Name
DANIEL J. EDELMAN, INC.



Principal Place of Business
**200 E. RANDOLPH, 63RD FLOOR
CHICAGO, IL 60601**

Mailing Address
**200 E. RANDOLPH, 63RD FLOOR
CHICAGO, IL 60601**



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2368817

Applied For
Not Applicable

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

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 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDELMAN, RICHARD W
STREET ADDRESS 1500 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE VCFO
NAME MALANGA, VICTOR
STREET ADDRESS 200 E. RANDOLPH, 63RD FLOOR
CITY-ST-ZIP CHICAGO, IL 60601

TITLE S
NAME EDELMAN, RUTH
STREET ADDRESS 200 E. RANDOLPH, 63RD FLOOR
CITY-ST-ZIP CHICAGO, IL 60601

TITLE C
NAME EDELMAN, DANIEL J
STREET ADDRESS 200 E RANDOLPH 63RD FLOOR
CITY-ST-ZIP CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000762911
05/29/07-80031-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL RICHARDS

Date

5/2/07

Daytime Phone

(312) 233-1333