

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90014 034 \*\*\*150.00

0609005 AT

**DOCUMENT # F00000005105**

1. Entity Name

**FIRST PENN-PACIFIC SECURITIES, INC.**

Principal Place of Business

Mailing Address

**10 NORTH MARTINGALE ROAD  
 SCHAUMBURG IL 60173**

**10 NORTH MARTINGALE ROAD  
 SCHAUMBURG IL 60173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**36-4301181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JEANFREAU, MICHAEL 10 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KLOUDA, MAUREEN 10 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROGERS, STEVEN 10 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DUMOND, MARCIA L 10 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS EGGLESTON, DIANN 10 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLOUDA, MAUREEN A 10 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See Rider*

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maureen A. Klouda*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/21/02 847-466-8346*

CR2E034 (9/01)

► Corporate Directory of Companies and Officers

**First Penn-Pacific Securities, Inc.**  
/an Illinois corporation/

425463

▼  
[Officers](#)  
[Directors](#)  
[Organization Chart](#)



**Address**

10 North Martingale Road  
Schaumburg, IL 60173-  
2268



**All Mail**

10 North Martingale  
Road Schaumburg, IL  
60173-2268



**Fax/Phone**

**Officers**

Michael Jeanfreau	President
Maureen A. Klouda	Vice President
Eric S. Grata	Treasurer
Cynthia A. Rose	Secretary
Diane L. Buinowski	Assistant Secretary
Donna J. Cooper	Assistant Secretary
Diann L. Eggleston	Assistant Secretary
Randy Grawcock	Assistant Secretary
Frederick J. Crawford	Assistant Treasurer
Eldon J. Summers	Assistant Treasurer

**Directors**

Eric S. Grata  
Michael Jeanfreau  
Maureen A. Klouda

▲  
*Last Updated: 01/28/02 08:49  
AM*