

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005105

1. Entity Name

FIRST PENN-PACIFIC SECURITIES, INC.



Principal Place of Business
10 NORTH MARTINGALE ROAD
SCHAUMBURG IL 60173

Mailing Address
10 NORTH MARTINGALE ROAD
SCHAUMBURG IL 60173

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4301181

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

No CHANGE

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

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, 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

TITLE PD
NAME JEANFREAU, MICHAEL
STREET ADDRESS 10 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☒ Delete

TITLE V
NAME KLOUDA, MAUREEN
STREET ADDRESS 10 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☐ Delete

TITLE T
NAME ROGERS, STEVEN
STREET ADDRESS 10 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☒ Delete

TITLE S
NAME DUMOND, MARCIA L
STREET ADDRESS 10 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☒ Delete

TITLE AS
NAME EGGLESTON, DIANN
STREET ADDRESS 10 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☒ Delete

TITLE D
NAME KLOUDA, MAUREEN A
STREET ADDRESS 10 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Thomas E. King
STREET ADDRESS 10 N. Martingale Road
CITY-ST-ZIP Schaumburg IL 60173 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Eric Grab, Treasurer
NAME
STREET ADDRESS 10 N. MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173 ☒ Change ☐ Addition

TITLE S
NAME Cynthia Rose
STREET ADDRESS 10 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL 60173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: MAUREEN A. KLOUDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 847-466-8346

CR2E034 (10/02)

0001051
A1