2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003567

1. Entity Name

EXECUTIVE FINANCIAL CORPORATION

FILED Jul 16, 2002 8:00 am Secretary of State 07-16-2002 90352 029 ***550.00

Principal Place of Business			Mailing Address							
1011 EAST TOUHY AVE STE 525 DES PLAINES IL 60018			1011 EAST TOUHY AVE., STE 525 DES PLAINES IL 60018							
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2. Principal	Place of Busin	ness	3. Mailing Address							
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	ate		City & State			4.	FEI Number 36-4004795 Applied For			
Zip	·	Country	Zip	Country	/	5.	Certificate of Status Desired		\$8.75 A	lot Applicable dditional
6. Name and Address of Current Re			egistered Agent	jistered Agent			Fee Required 7. Name and Address of New Registered Agent			
					Name		Traine and Address of New I	registered A	gent	_
C T COR	RPORATION S	SYSTEM								
1200 SO	UTH PINE IS	LAND ROAD	Street Address (ress (P.O.	P.O. Box Number is Not Acceptable)			
	110N FL 3332						·			
				L	00					
	<u> </u>			City				FL	Zip Co	
8. The above	e named entity	submits this statement for t	he purpose of changing its	registered	office or re	gistered ag	gent, or both, in the State of Flo	orida. Lam fa	miliar with	and accent
me obliga	itions of registe	ered agent.				`		orraid. Talli le	armical Willi	, and accept
SIGNATURE	·									
<u></u>	Signature, typed o	r printed name of registered agent and	title if applicable. (NOTE	: Registered A	gent signature r	equired when r	einstating)	DATE		
2. This corp	oration is eligit	ole to satisfy its Intangible	FILE NOW!!	! FEE IS	\$550.00				**	
Tax filing	requirement ar ria on back)	nd elects to do so.	After September 13, 2002 Fee will be \$750.0 Make Check Payable to Department of Stat			750.00	10. Election Campaign Fir Trust Fund Contributio			00 May Be d to Fees
11.	·	OFFICERS AND DI	l .	12.			DITIONS (CLANGES TO SEE	10550 11.55		
TITLE	PCTD		Delete	TITLE	17		DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	
NAME	SCHRAGEF	R, STEVE	J	NAME	\u03c4	/EISE	D RMAN, BORIS ST TOUNY AVE		Change	☐ Addition
STREET ADDRESS	1011 EAST	TOUHY AVE., STE 525		STREET A	DORESS 6	DII EA	ST TOUTY AVE S	SUITE S	5 25	
CITY-ST-ZIP	DES PLAIN	ES IL		CITY-ST-	-ZIP D	ES P		60018		
TITLE	VSD		☐ Delete	TITLE					Change	Addition
NAME	WEISERMA	n, Boris		NAME					ondings	Addition
STREET ADDRESS	1011 EAST	TOUHY AVE., STE 525		STREET A	DDRESS					
	DES PLAIN	ES IL		-CITY-ST-	ZIP :	-	eren samu			
ritle Name	D		☐ Delete	TITLE	ĺ				☐ Change	Addition
TREET ADDRESS	TROYANOV	SKY, TANYA		NAME					_ •	
CITY-ST-ZIP	1011 EAST	TOUHY AVE., STE 525		STREET A			,			
ITLE	DES PLAINE	:3 IL		CITY-ST-	ZIP					
IAME			☐ Delete	TITLE					Change	Addition
TREET ADDRESS	The second secon			NAME	DDD TOO					
ITY-ST-ZIP			•	STREET AL						}
TLE			∏ N.J.u.	1		 -				
AME	•		☐ Delete	, TITLE NAME] Change	☐ Addition
TREET ADDRESS				STREET AD	IDRESS					1
ITY-ST-ZIP				CITY-ST-2						
TLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE						
AME				NAME] Change	☐ Addition
TREET ADDRESS				STREET AD	DRESS					
TY-ST-ZIP				CITY-ST-Z						
3. I hereby control of the corre	ertify that the ir	nformation supplied with this r supplemental report is true	s filing does not qualify for the and accurate and that my			Section 1	19.07(3)(i), Florida Statutes. I t	urther certify	that the in	formation

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: