2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003
Secretary of State

DOCUMENT# F01000003905

Entity Name: GREAT NORTHERN FINANCIAL CORPORATION

Current Principal Place of Business:

2850 GOLF ROAD, SUITE 403
ROLLING MEADOWS, IL 60008

New Principal Place of Business:

Current Mailing Address:

2850 GOLF ROAD, SUITE 403
ROLLING MEADOWS, IL 60008

New Mailing Address:

FEI Number: 39-1821003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: VAN PEENEN, CURT
Address: 2850 GOLF ROAD, SUITE 403
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: VD ( ) Delete
Name: LAGIOIA, JOSEPH
Address: 2850 GOLF ROAD, SUITE 403
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: VD ( ) Delete
Name: ARONSON, MICHAEL
Address: 2850 GOLF ROAD, SUITE 403
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: VSTD ( ) Delete
Name: BYRNE, GARY
Address: 2850 GOLF ROAD, SUITE 403
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: V ( ) Delete
Name: LAGIOIA, LAUREENA
Address: 2850 GOLF ROAD, SUITE 403
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: V ( ) Delete
Name: VAN PEENEN, STACEY
Address: 2850 GOLF ROAD, SUITE 403
City-St-Zip: ROLLING MEADOWS, IL 60008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BYRNE VSTD 02/13/2003

Electronic Signature of Signing Officer or Director Date