

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144021 AT

DOCUMENT # F01000004500

1. Entity Name  
FOCAL FINANCIAL SERVICES, INC.



FILED

03 OCT 14 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
200 NORTH LASALLE STREET, SUITE 1100  
CHICAGO IL 60601

Mailing Address  
200 NORTH LASALLE STREET, SUITE 1100  
CHICAGO IL 60601

2. Principal Place of Business  
701 BRICKELL AVE.

3. Mailing Address

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State

4. FEI Number 36-4386768

Applied For  
Not-Applicable

Zip 33131 Country U.S.A

Zip Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**REINSTATEMENT**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
700023418117  
09/30/03--01010--011 \*\*750.00  
City FL Zip Code

8. The above named entity submits this statement for the purpose of reinstating its status as a corporation or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Jeffrey R. Graves  
Assistant Secretary

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE 10/01/03

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CCEO  
NAME TAYLOR, ROBERT C JR.  
STREET ADDRESS 200 NORTH LASALLE STREET, SUITE 1100  
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

TITLE PRESIDENT AND CEO  
NAME KATHLEEN A. PERONE  
STREET ADDRESS 200 N. LASALLE ST # 1100  
CITY-ST-ZIP CHICAGO, IL 60601 ☐ Change ☒ Addition

TITLE PCOO  
NAME BARNICLE, JOHN R  
STREET ADDRESS 200 NORTH LASALLE STREET, SUITE 1100  
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

TITLE EXECUTIVE VP- SALES & MKTG  
NAME ELIZABETH VANNESTE  
STREET ADDRESS 200 N. LASALLE ST # 1100  
CITY-ST-ZIP CHICAGO, IL 60601 ☐ Change ☒ Addition

TITLE VCFO  
NAME SINDER, M J  
STREET ADDRESS 200 N LASALLE ST #1100  
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

TITLE SR.VP, GEN. COUNSEL & SECRETARY  
NAME RICHARD J. METZGER  
STREET ADDRESS 200 N. LASALLE # 1100  
CITY-ST-ZIP CHICAGO, IL 60601 ☒ Addition

TITLE T  
NAME SINDER, M JAY  
STREET ADDRESS 200 NORTH LASALLE STREET, SUITE 1100  
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

TITLE VP-FINANCE & CONTROLLER  
NAME GLENN CUSTAR  
STREET ADDRESS 200 N. LASALLE ST # 1100  
CITY-ST-ZIP CHICAGO, IL 60601 ☐ Change ☒ Addition

TITLE VS  
NAME MARTIN, RENEE M  
STREET ADDRESS 200 NORTH LASALLE STREET, SUITE 1100  
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

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

TITLE AS  
NAME SHENDER, LEWIS  
STREET ADDRESS 200 NORTH LASALLE STREET, SUITE 1100  
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)