

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91420 011 ***150.00

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1. Entity Name

SAMPERS FINANCIAL, INC.



Principal Place of Business

**79 MIDLAND AVE.
MONTCLAIR NJ 07042**

Mailing Address

**779 7TH AVE.
49TH FLOOR
NEW YORK NY 10019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4072125

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

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

7. Name and Address of New Registered Agent

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. 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 **CEO** ☐ Delete
NAME **SAMPERS, ISIDORE HENRY JR**
STREET ADDRESS **9115 WOODRIDGE RUN DRIVE**
CITY-ST-ZIP **TAMPA FL 33647-2283**

TITLE **P** ☐ Delete
NAME **SAMPERS, JOHN H**
STREET ADDRESS **11 LOWER NOTCH ROAD**
CITY-ST-ZIP **LITTLE FALLS NJ 07424**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
NAME **Isidore Henry Sampers**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **John Sampers**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Ann Sampers**
STREET ADDRESS **79 Midland Ave.**
CITY-ST-ZIP **Montclair NJ 07042**

TITLE **VP** ☐ Change ☒ Addition
NAME **Lori M. Lieser**
STREET ADDRESS **500 W. Madison, Suite 3650**
CITY-ST-ZIP **Chicago, IL 60661**

TITLE **VP** ☐ Change ☒ Addition
NAME **Stephanie Schorr Olson**
STREET ADDRESS **787 Seventh Ave, 49th Floor**
CITY-ST-ZIP **New York NY 10019**

TITLE **Director** ☐ Change ☒ Addition
NAME **Louise Becker**
STREET ADDRESS **787 Seventh Ave, 49th Floor**
CITY-ST-ZIP **New York NY 10019**

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 of Lori M. Lieser **4/22/03** **312-985-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)