

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003036

Entity Name: ORIGIN MANAGEMENT, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1920 N LINCOLN AVE SUITE C6
CHICAGO, IL 60614

New Principal Place of Business:

1122 N LASALLE DRIVE
CHICAGO, IL 60610

Current Mailing Address:

1920 N LINCOLN AVE SUITE C6
CHICAGO, IL 60614

New Mailing Address:

1122 N LASALLE DRIVE
CHICAGO, IL 60610

FEI Number: 26-2445025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPA, JOHN R II ESQ
1229 CENTRAL AVE
ST PETERSBURG, FL 33705 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: CP () Delete
Name: EPISCOPE, MICHAEL
Address: 1920 N LINCOLN AVE SUITE C6
City-St-Zip: CHICAGO, IL 60614

Title: VCVP (X) Delete
Name: GRILLO, MICHAEL
Address: 1920 N LINCOLN AVE SUITE C6
City-St-Zip: CHICAGO, IL 60614

Title: DS () Delete
Name: SCHERER, DAVID
Address: 1920 N LINCOLN AVE SUITE C6
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: EPISCOPE, MICHAEL
Address: 1122 N LASALLE DRIVE
City-St-Zip: CHICAGO, IL 60610

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

Title: DS (X) Change () Addition
Name: SCHERER, DAVID
Address: 1122 N LASALLE DRIVE
City-St-Zip: CHICAGO, IL 60610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL EPISCOPE

CP

04/28/2009

Electronic Signature of Signing Officer or Director

Date