

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F20782

1. Entity Name
JUPITER MANAGEMENT CORPORATION



Principal Place of Business

**C/O THE OLD MOUNTAIN COMPANY
225 WEST WACKER SUITE 1500
CHICAGO, IL 60606 US**

Mailing Address

**C/O THE OLD MOUNTAIN COMPANY
225 WEST WACKER SUITE 1500
CHICAGO, IL 60606 US**

07 JAN 22 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2088855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PIRVANO, JOHN
STREET ADDRESS	551 FIFTH AVE, #1916
CITY-ST-ZIP	NEW YORK, NY 10176
TITLE	VP
NAME	HAMMOND, TORRENCE K
STREET ADDRESS	225 W WACKER, #1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	S
NAME	SVEC, CHRIS
STREET ADDRESS	225 W WACKER, #1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Christine Svec, Secretary

1/19/07

312-917-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #