

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



DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

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**

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