# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002925 (6)

1. Corporation Name
FIRST ENTERPRISE FINANCIAL GROUP, INC.

000001486270
-05/12/95--01098--003
******8.75 ******8.75
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 500 DAVIS STREET, SUITE 1008<br>EVANSTON IL 60201 | % BEV A. VELKOVRH RUDNICK & WOLFE<br>203 N. LASALLE #1800<br>CHICAGO IL 60601 |

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 36-3688499 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marcia A. Hawver, Asst. Sec. DATE: 5-11-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PCD | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | HARRINGTON, MICHAEL P | 12 NAME | | |
| STREET ADDRESS | 500 DAVIS STREET, SUITE 1008 | 13 STREET ADDRESS | Suite 1005 | 000001486270 |
| CITY ST ZIP | EVANSTON IL 60201 | 14 CITY ST ZIP | | -05/12/95--01098--004 |
| | | | | ****225.00 ****225.00 |
| TITLE | TAS | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | HARRINGTON, MICHAEL P | 22 NAME | | |
| STREET ADDRESS | 500 DAVIS STREET, SUITE 1008 | 23 STREET ADDRESS | Suite 1005 | |
| CITY ST ZIP | EVANSTON IL 60201 | 24 CITY ST ZIP | | |
| TITLE | CDT | 31 TITLE | V.P., Assistant Treasurer | ☒ Change ☒ Addition |
| NAME | HARKER, ROBERT J | 32 NAME | Harker, Robert J. | |
| STREET ADDRESS | 500 DAVIS STREET, SUITE 1008 | 33 STREET ADDRESS | Suite 1005 | |
| CITY ST ZIP | EVANSTON IL 60201 | 34 CITY ST ZIP | | |
| TITLE | VSD | 41 TITLE | | ☒ Change ☐ Addition |
| NAME | STINNEFORD, PAUL A | 42 NAME | | |
| STREET ADDRESS | 500 DAVIS STREET, SUITE 1008 | 43 STREET ADDRESS | Suite 1005 | |
| CITY ST ZIP | EVANSTON IL 60201 | 44 CITY ST ZIP | | |
| TITLE | T | 51 TITLE | CFO, Assistant Secretary | ☐ Change ☒ Addition |
| NAME | ERFERT, JAN W | 52 NAME | Erfert, Jan W. | |
| STREET ADDRESS | 500 DAVIS ST. STE. 1008 | 53 STREET ADDRESS | Suite 1005 | |
| CITY ST ZIP | EVANSTON IL 60201 | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. J. Erfert 5/10/95 (708) 866-8665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAN W. ERFERT — Treasurer
R.S. HARKER — ASST. TREASURER

0305305 CP