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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005384 (1)**

1. Corporation Name

**MARQUISE FINANCIAL SERVICES, INC., DELAWARE CORP  
ORATION**



Principal Place of Business

**220 JEFFERSON ST  
WOODSTOCK IL 60098**

Mailing Address

**220 JEFFERSON ST  
WOODSTOCK IL 60098**

3. Date Incorporated or Qualified

**11/02/1995**

3a. Date of Last Report

**03/12/1996**

4. FEI Number

**36-4045621**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

(Signature of officer or printed name of registered agent if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☒ DELETE  
NAME **PATTERSON, ANN**  
STREET ADDRESS **500 NORTH WESTERN AVE, STE 212**  
CITY-ST-ZIP **LAKE FOREST IL**

TITLE **S** ☐ DELETE  
NAME **REECE, RICHARD G**  
STREET ADDRESS **2230 INDIANAPOLIS BLVD**  
CITY-ST-ZIP **WHITING IN 46394**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☒ Addition  
1.2 NAME **AUSTIN SAWYER**  
1.3 STREET ADDRESS **220 JEFFERSON STREET**  
1.4 CITY-ST-ZIP **WOODSTOCK, IL 60098**

2.1 TITLE **T** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **220 JEFFERSON STREET**  
2.4 CITY-ST-ZIP **WOODSTOCK IL 60098**

3.1 TITLE **DV** ☐ Change ☒ Addition  
3.2 NAME **ANN CROWLEY PATTERSON**  
3.3 STREET ADDRESS **220 JEFFERSON STREET**  
3.4 CITY-ST-ZIP **WOODSTOCK, IL 60098**

4.1 TITLE **V** ☐ Change ☒ Addition  
4.2 NAME **JEFF OLKINSKI**  
4.3 STREET ADDRESS **220 JEFFERSON STREET**  
4.4 CITY-ST-ZIP **WOODSTOCK, IL 60098**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/97**

**815 334 1414**

Date

Daytime Phone #

0511721

CR2E034 (9/96)