

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90172 039 ***150.00

DOCUMENT # F96000000139

1. Corporation Name

DRIEHAUS CAPITAL MANAGEMENT, INC.



Principal Place of Business

**NAPLES EXECUTIVE SUITES. #103
5100 N. TAMiami TRAIL
NAPLES FL 33963**

Mailing Address

**NAPLES EXECUTIVE SUITES. #103
5100 N. TAMiami TRAIL
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

36-3196026

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25**

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	DRIEHAUS, RICHARD H	
STREET ADDRESS	25 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSEN, WILLIAM R	
STREET ADDRESS	25 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GENOVISE, MARK P	
STREET ADDRESS	25 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WEISS, MARY H	
STREET ADDRESS	25 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, DIANE L	
STREET ADDRESS	25 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CULAFIC, DUSKO	
STREET ADDRESS	25 E. ERIE ST.	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mayer, Robert F.	
1.3 STREET ADDRESS	25 E. Erie St.	
1.4 CITY-ST-ZIP	Chicago, IL 60611	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harahan, Meghan	
2.3 STREET ADDRESS	25 E. Erie St.	
2.4 CITY-ST-ZIP	Chicago, IL 60611	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kyne, M. Brendan	
3.3 STREET ADDRESS	25 E. Erie St.	
3.4 CITY-ST-ZIP	Chicago, IL 60611	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas, Maureen	
4.3 STREET ADDRESS	25 E. Erie St.	
4.4 CITY-ST-ZIP	Chicago, IL 60611	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-99 (312) 587-3800

CR2E034 (11/98)