

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000002719

1. Entity Name
PERRITT CAPITAL MANAGEMENT, INC.



Principal Place of Business
**300 S WACKER DR
STE 2880
CHICAGO, IL 60606 US**

Mailing Address
**PO BOX 2369
SAINT LEO, FL 33574 US**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3538651

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRITT, GERALD W
13306 TRADITION DR
DADE CITY, FL 33525**

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP PERRITT, GERALD W 13306 TRADITION DR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATTZ, ROBERT 1628 W BROWN ST ARLINGTON HTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORBETT, MICHAEL J CIO 4732 DOUGLAS RD DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULZ, SAMUEL CFO 33753 AMERICANA AVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRITT, GAIL 13306 TRADITION DR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000584730
01/12/07-80049-007 150.00

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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: Samuel J. Schulz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #