


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 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
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01042008 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 <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000774322
01/07/08-80009-023 150.00

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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 **SAMUEL J. SCHULZ CFO** 1/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SAVING OFFICER OR DIRECTOR Date Daytime Phone #