2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# F96000002719

Entity Name: PERRITT CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

300 S WACKER DR
STE 2880
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2369
SAINT LEO, FL 33574 US

New Mailing Address:

FEI Number: 36-3538651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PERRITT, GERALD W
Address: 13306 TRADITION DR
City-St-Zip: DADE CITY, FL 33525

Title: S ( ) Delete
Name: LATTZ, ROBERT
Address: 1628 W BROWN ST
City-St-Zip: ARLINGTON HTS, IL

Title: VP ( ) Delete
Name: CORBETT, MICHAEL J CIO
Address: 4732 DOUGLAS RD
City-St-Zip: DOWNERS GROVE, IL 60515

Title: VP ( ) Delete
Name: SCHULZ, SAMUEL CFO
Address: 33753 AMERICANA AVE
City-St-Zip: DADE CITY, FL 33525

Title: T ( ) Delete
Name: PERRITT, GAIL
Address: 13306 TRADITION DR
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J. SCHULZ VP 01/07/2009

Electronic Signature of Signing Officer or Director Date