## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F98000006617

1. Entity Name SOLSTICE CAPITAL GROUP, INC.

SIGNATURE: 4m

SIGNATURE A



## FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90095 018 \*\*\*150.00

224-554-6405

Daytime Phone #

Principal Place of Business		Mailing Address		٠.					
2700 SANDERS RD Tax Dept 2s Prospect Heights, IL 60070		2700 SANDERS RD Tax dept 28 Prospect Heights, Il 60070		;		B (218) (21) (20) (20)	1 PRIJE SRIJE PIJI	n nittl ktriu 10	F1861 (l. 188)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc. HSBC Finance Corporation		Suite Apt # etc. HSBC Finance Corporation		0	4042008	Chg-P	CR2E03	4 (12/06)	
City Tax Department - 1 SW 26525 N. Riverwoods Blvd.		City & Tax Department - 1 SW 26525 N. Riverwoods Blvd.		4.	FEI Numb 33-082				oplied For ot Applicable
Zip <b>Mettawa, IL 60045</b> puntry		Zip <b>Mettawa, IL 600∯5</b> ntry		5.	Certificate	of Status Desired		8.75 Adee Require	
	6. Name and Address of Current F	Registered Agent		7.	Name and	Address of New Re	egistered A	gent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable)						
FLANIAII	ON, FL 33324		City				FL	Zip Coo	le
								<u></u>	
<ol> <li>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.</li> <li>SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when revisitating)  DATE</li> </ol>									
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND D	DIRECTORS	11.	, A	DDITIONS	CHANGES TO OFF	CERS AND I	DIRECTOR	S IN 11
TITLE	PCFO	Delete	TILLE Preside	dent				Change	Addition
NAME	GREENE, JOHN T		NAME K. 1	<i>Yadis</i>	ON		,	•	
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS	26525	N. Rive	erwoods Bivo.			
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP	-,	wa, IL 6				
TITLE	DEVP	☐ Delete	TITLE			<del>* -</del> -		Change	Addition
NAME	MADISON, KATHRYN	+ 1	NAME						
STREET ADDRESS	2700 SANDERS RD	1	STREET ADDRESS						
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP						
TITLE	VP		TITLE VP	,				Change	Addition
NAME	WRIGHT, ROY A		NAME S.K	ERV	(L ()	teral Dr.			
STREET ADDRESS	17461 DERIAN AVE STE 200								
CITY-ST-ZIP	IRVINE, CA 92614		CITY-ST-ZIP E	Elmhu	11845 -	TL 60126			
TITLE	TVP		TITLE					Change	Addition
NAME CTREET ADDRESS	ANDERSON, DANIEL 2700 SANDERS RD	E .	NAME	265	25 N. R	iverwoods Blv	ıd ,		
STREET ADDRESS CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		STREET ADDRESS City-St-zip			60045			
								<b></b>	C No.
TITLE NAME	VPS ABRAMS, LORETTA R		TITLE NAME					Change	Addition
STREET ADDRESS	2700 SANDERS RD		STREET ADDRESS			rerwoods Blyd	I.		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP	Metta	wa, IL (	30045			
TITLE		☐ Delete	TITLE	· · · ·				☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR