

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000349

FILED
Apr 03, 2008
Secretary of State

Entity Name: INTPARK FLORIDA, INC.

Current Principal Place of Business:

200 NORTH LASALLE STREET, STE 1400
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

292 LONG RIDGE ROAD
STAMFORD, CT 06927

New Mailing Address:

901 MAIN AVENUE
NORWALK, CT 06851

FEI Number: 36-4111108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: PECK, J. MARSHALL
Address: 200 NORTH LASALLE STREET
City-St-Zip: CHICAGO, IL 60601

Title: SVPD () Delete
Name: EARLE, DAN E
Address: 600 SUMMER STREET
City-St-Zip: STAMFORD, CT 06927

Title: TD () Delete
Name: VAN DER HORST, MICHEL
Address: 292 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

Title: VPS () Delete
Name: TURNER, STACEY L
Address: 200 NORTH LASALLE STREET
City-St-Zip: CHICAGO, IL 60601

Title: VP () Delete
Name: CARROLL, DANIEL J
Address: 500 WEST MONROE
City-St-Zip: CHICAGO, IL 60601

Title: VP () Delete
Name: HUNTER, RANDY
Address: 200 NORTH LASALLE STREET
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVPD (X) Change () Addition
Name: EARLE, DAN E
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: TD (X) Change () Addition
Name: VAN DER HORST, MICHEL
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: CFOS (X) Change () Addition
Name: TURNER, STACEY L
Address: 200 NORTH LASALLE STREET
City-St-Zip: CHICAGO, IL 60601

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

Title: AS (X) Change () Addition
Name: KNOLLER, AIMEE
Address: 901 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

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: AIMEE KNOLLER

AS

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date