

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000349

Entity Name: INTPARK FLORIDA, INC.

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

200 NORTH LASALLE STREET, STE 1400  
CHICAGO, IL 60601

## New Principal Place of Business:

## Current Mailing Address:

901 MAIN AVENUE  
NORWALK, CT 06851

## New Mailing Address:

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: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

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

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

## 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:

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: MARSHALL PECK

PD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date