

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000349

Entity Name: INTPARK FLORIDA, INC.

FILED  
Mar 28, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PECK, J. MARSHALL  
Address: 200 NORTH LASALLE STREET  
City-St-Zip: CHICAGO, IL 60601

Title: VP  
Name: EARLE, DAN E  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

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

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

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

Title: AS  
Name: RODRIGUEZ, LUCY  
Address: 901 MAIN AVENUE  
City-St-Zip: NORWALK, CT 06851

I hereby 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 all other like empowered.

SIGNATURE: LUCY RODRIGUEZ

AS

03/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date