

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003112

1. Entity Name

PEREGRINE FINANCIAL GROUP, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90070 040 ***150.00

Principal Place of Business

Mailing Address

30 SOUTH WACKER DR., STE 2020
CHICAGO IL 60606

30 SOUTH WACKER DR., STE 2020
CHICAGO IL 60603-3410

2. Principal Place of Business

190 S. LaSalle

Suite, Apt. #, etc.

7th Floor

City & State

Chicago, Illinois

Zip

60603

Country

USA

3. Mailing Address

190 S. LaSalle

Suite, Apt. #, etc.

7th Floor

City & State

Chicago, Illinois

Zip

60603

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1349154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK, CHRIS
110 SOUTH PARK AVE.
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	WASENDORF SR, RUSSELL R	
STREET ADDRESS	30 SOUTH WACKER DR., STE 2020	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASENDORF JR, RUSSELL R	
STREET ADDRESS	30 SOUTH WACKER DR., STE 2020	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASENDORF, CONNIE	
STREET ADDRESS	30 SOUTH WACKER DR., STE 2020	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	190 S. LaSalle St., 7th Floor
STREET ADDRESS	Chicago, Illinois 60603
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	190 S. LaSalle St., 7th Floor
STREET ADDRESS	Chicago, Illinois 60603
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	190 S. LaSalle St., 7th Floor
STREET ADDRESS	Chicago, Illinois 60603
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Russell R. Wasendorf, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell R. Wasendorf, Sr., CEO, February 15, 2000

Date

(312) 775-3000

CR2E034 (9/99)