2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003112

1. Entity Name
PEREGRINE FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
190 S LASALLE 7TH FLOOR CHICAGO, IL 60603	190 S LASALLE 7TH FLOOR CHICAGO, IL 60603

02172006 No Chg-P CR2E034 (11/05)

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

PARK, CHRIS
1201 LOUISIANA AVE
STE E
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	WASENDORF SR, RUSSELL R
STREET ADDRESS	190 LASALLE ST, 7TH FLOOR
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	WASENDORF JR, RUSSELL R
STREET ADDRESS	190 LASALLE ST, 7TH FLR
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	WASENDORF, CONNIE
STREET ADDRESS	190 S LASALLE ST 7TH FLR
CITY-ST-ZIP	CHICAGO, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000529082
05/05/06-80061-013 150.00

DO NOT WRITE IN THIS SPACE

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 an an attachment with an address, with all other like empowered.

SIGNATURE: Connie Wasendorf 2/21/06 3127753533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #