
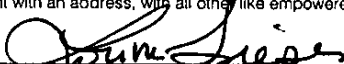


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90162 009 \*\*\*150.00

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # G56167</b><br>1. Entity Name<br><b>FDR FINANCIAL GROUP, INC.</b>  |  |    |  |
| Principal Place of Business<br><b>% JEFFREY SOLODKIN</b><br><b>4000 HOLLYWOOD BLVD. STE 495 S</b><br><b>HOLLYWOOD, FL 33021</b>   |  | Mailing Address<br><b>787 7TH AVENUE</b><br><b>49TH FLOOR</b><br><b>NEW YORK, NY 10019</b>  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><b>420 N. 500 W. Madison St</b>   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><b>Suite 2400</b>  |  |
| City & State  |  | City & State<br><b>Chicago, IL</b>  |  |
| Zip   | Country  | Zip<br><b>60661</b>   | Country<br><b>USA</b>  |
| 4. FEI Number<br><b>59-2355672</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM</b><br><b>C/O CT CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND RD.</b><br><b>PLANTATION, FL 33324</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ZUCKERMAN, LESLIE H<br>4000 HOLLYWOOD BLVD. 485 495<br>HOLLYWOOD, FL 33021     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SOLDKIN, JEFFREY<br>4000 HOLLYWOOD BLVD. 495<br>HOLLYWOOD, FL                   | TS<br>Solodkin, Jeffrey<br>4000 Hollywood Blvd. 495<br>Hollywood, FL 33021  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>LIESER, LORI M<br>500 W. MADISON SUITE 3650 2400<br>CHICAGO, IL 60661           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>OLSON, STEPHANIE S<br>787 7TH AVE. 49TH FLOOR<br>NEW YORK, NY 10019             | V<br>Hinkson, Malika<br>787 Seventh Ave, 11th Floor<br>New York, NY 10019   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>HAMMOND, DOUGLAS<br>787 SEVENTH AVE 49TH FL.<br>NEW YORK, NY 10019              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ZUCCARO, ROBERT<br>787 SEVENTH AVE. 49TH FLOOR 11th Floor<br>NEW YORK, NY 10019 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |
| SIGNATURE:  <b>Lori M. Lieser</b>  |  | Date: <b>4-21-05</b> Daytime Phone #: <b>312-985-5700</b>   |  |