

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

102

DOCUMENT # E00000014623

1. Entity Name

First Capital Financial, L.L.C.

01 APR 30 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
Two N. Riverside Plaza Suite 600 Two N. Riverside Plaza Suite 600  
Chicago, Illinois 60606 Chicago, Illinois 60606

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
36-4429427

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company  
1200 Hays Street  
Tallahassee, Florida 32301-2525

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME SZ Investments, L.L.C. MGRM ☐ Delete  
STREET ADDRESS Two N. Riverside Plaza, Suite 600  
CITY-ST-ZIP Chicago, Illinois 60606

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800004085148--9  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SZ Investments, L.L.C., as managing member

SIGNATURE:

Donald J. Liebenritt, Vice President April 26, 2001 312/466-3651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

20/2

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 20 27933-1  
(Sub Account)

DATE: 4-27

REQUESTOR NAME: Lexis Document Services

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: L 00-14623

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodyard  
Cynthia J. Woodyard

RECEIVED  
01 APR 27 PM 12:14  
DIVISION OF CORPORATION

- ☐ CERTIFIED COPY (1-9)
- ☐ CERTIFICATE OF STATUS (1-9)
- ☒ PLAIN STAMPED COPY

UBR

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:00 |
| <input type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up    |
| <input type="checkbox"/> Mail Out        |  |                                     |