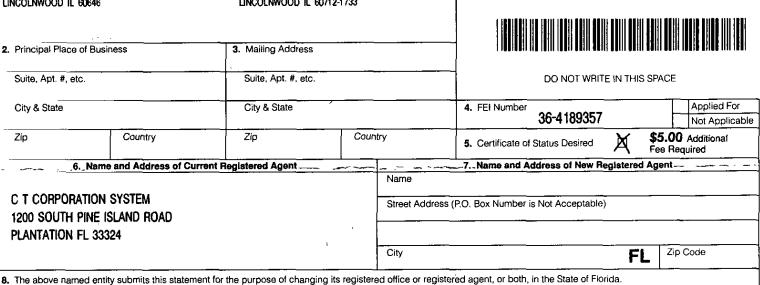
## 2000 UNIFORM BUSINESS RÉPORT (UBR) DOCUMENT # M97000000763 1. Entity Name ARROW FINANCIAL SERVICES, L.L.C. Mailing Address Principal Place of Business 7301 NORTH LINCOLN AVE., #220 7301 NORTH LINCOLN AVE. #220 LINCOLNWOOD IL 60646 LINCOLNWOOD IL 60712-1733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 6. Name and Address of Current Registered Agent

THILLEO SECRETARY OF STATE DIVISION OF CORPORATIONS

ON FEB 14 PM 12: 19



DATE

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

City

(NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS / MEMBERS			10,	ADDITIONS/CHANGES			
TITLE NAME	MGR LAVIN, JACK	☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7301 NORTH LINCOLN AVE., #220 LINCOLNWOOD IL 60646		STREET ADDRESS CITY-SY-ZIP	mf 2/23/00	<u></u>		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR LAVIN, RONALD 7301 NORTH LINCOLN AVE., #220 LINCOLNWOOD IL-60646	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003149 -02/28/000 -*****55,00	1103800	)7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTLER, BRIAN 7301 NORTH LINCOLN AVE., #220 LINCOLNWOOD IL 60646	Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Changa	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
ATITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Deliste	TITLE NAME 8TREET ADDRE88 GTTY-8T-ZTP		Change	Addition	

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 informatic 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.

SIGNATURE:

C T CORPORATION SYSTEM

PLANTATION FL 33324

SIGNATURE

1200 SOUTH PINE ISLAND ROAD

Citler 2/8/00