

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90048 015 ****55.00

DOCUMENT # M97000000763

1. Entity Name

ARROW FINANCIAL SERVICES, L.L.C.

Principal Place of Business

**ATTN: LANCE MARTIN
7301 NORTH LINCOLN AVE., E220
LINCOLNWOOD IL 60646**

Mailing Address

**ATTN: LANCE MARTIN
7301 NORTH LINCOLN AVE., E220
LINCOLNWOOD IL 60646**

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

36-4189357

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LAVIN, JACK
7301 NORTH LINCOLN AVE., #220
LINCOLNWOOD IL 60646** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LAVIN, RONALD
7301 NORTH LINCOLN AVE., #220
LINCOLNWOOD IL 60646** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CUTLER, BRIAN
7301 NORTH LINCOLN AVE., #220
LINCOLNWOOD IL 60646** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VALERTINO, MICHAEL
7301 NORTH LINCOLN AVE., #220
LINCOLNWOOD IL 60646** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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CITY-ST-ZIP
☐ 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 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.

SIGNATURE:

Ronald E. Lavin

SIGNATURE REQUIRED

Ronald E. Lavin

1/18/02

847-557-1100

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

Date

Daytime Phone #

CR2E083 (9/01)



January 18, 2002

State of Florida
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

VIA OVERNIGHT MAIL

Re: 2002 Uniform Business Report (UBR)
Document #M97000000763

Dear Division of Corporations:

Enclosed please find a completed 2002 Uniform Business Report and our check #34495 in the amount of \$55.00 for the required fees.

Please confirm your receipt of these items and direct all future communications to my attention. Do not hesitate to contact me should you have any questions or require any further information. Thank you for your attention.

Sincerely,

Lance S. Martin
Vice President and General Counsel
Direct Dial: (847) 557-1100 x. 223

Attachment
9089826

Arrow Financial Services LLC
7301 North Lincoln Avenue
Suite 220
Lincolnwood, IL 60712
847-557-1100 Phone
847-982-1563 Fax
Outside Illinois:
1-800-279-0224