FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 PM 4:42

VR 2/24

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000763

1. Entity Name
ARROW FINANCIAL SERVICES, L.L.C.

Principal Place of Business	Mailing Address
5996 W. TOUHY AVE. NILES, IL 60714	5996 W. TOUHY AVE. NILES, IL 60714

☐ CHECK HERE IF MAKING CHANGES

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. 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

900012964919
02/21/03--01080--017 **50.00

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 address should be changed to principal
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 address should be changed to principal
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 address should be changed to principal
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 address should be changed to principal
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900012964919 02/21/03--01080--018 **5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ Jack Lavin 2/18/03 847-557-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #