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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10348 (1)
1. Corporation Name
DEARBORN FINANCIAL INSTITUTE, INC.



Principal Place of Business 155 N WACKER DR STE 900 CHICAGO IL 60606 US		Mailing Address 155 N WACKER DR STE 900 CHICAGO IL 60606-1719 US		3. Date Incorporated or Qualified 06/06/1986	3a. Date of Last Report 04/22/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-3370762	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	25. Country	9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
29. Zip	30. Country	10. Name and Address of New Registered Agent			
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City		FL		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	KYLE, ROBERT C.	1.2 NAME	
STREET ADDRESS	155 N WACKER DR, #900	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	60606
TITLE	VB	2.1 TITLE	P D
NAME	BLITZ, DENNIS	2.2 NAME	
STREET ADDRESS	155 N WACKER DR, #900	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	60606
TITLE	S	3.1 TITLE	
NAME	COWAN, WILLIAM H.	3.2 NAME	
STREET ADDRESS	180 N. LASALLE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP	60601
TITLE	AS	4.1 TITLE	
NAME	POWNEY, WILLIAM	4.2 NAME	
STREET ADDRESS	155 N WACKER DR #900	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	60606
TITLE	V	5.1 TITLE	
NAME	HONAKER, TIMOTHY R.	5.2 NAME	Krause, Steven E.
STREET ADDRESS	155 N WACKER DR, #900	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP	60606
TITLE	VB	6.1 TITLE	V
NAME	CONSTANT, ANITA	6.2 NAME	Keyes, Joseph B.
STREET ADDRESS	155 N WACKER DR, #900	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	6.4 CITY-ST-ZIP	60606

14. I do 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Powney WILLIAM E. POWNEY, ASST SECY 3/27/97 (312) 836-4460
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)