

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90025 015 ***150.00

DOCUMENT # P10348

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1986

4. FEI Number

36-3370762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME KYLE, ROBERT C.
STREET ADDRESS 155 N WACKER DR, #900
CITY-ST-ZIP CHICAGO IL

TITLE PD ☐ DELETE
NAME BLITZ, DENNIS
STREET ADDRESS 155 N WACKER DR, #900
CITY-ST-ZIP CHICAGO IL

TITLE S ☒ DELETE
NAME COWAN, WILLIAM H.
STREET ADDRESS 180 N. LASALLE ST.
CITY-ST-ZIP CHICAGO IL

TITLE AS ☒ DELETE
NAME POWNEY, WILLIAM
STREET ADDRESS 155 N WACKER DR #900
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ DELETE
NAME KRAUSE, STEVEN F
STREET ADDRESS 155 N WACKER DR, #900
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ DELETE
NAME KEYES, JOSEPH B
STREET ADDRESS 155 N WACKER DR, #900
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Grayer, Jonathan
1.3 STREET ADDRESS 888 Seventh Avenue
1.4 CITY-ST-ZIP New York, NY 10106

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Rosen, Andrew
3.3 STREET ADDRESS 888. Seventh Avenue
3.4 CITY-ST-ZIP New York, NY 10106

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Jones, Hal
4.3 STREET ADDRESS 888 Seventh Avenue
4.4 CITY-ST-ZIP New York, NY 10106

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE S ☐ Change ☒ Addition
6.2 NAME Dillon, Veronica
6.3 STREET ADDRESS 888 Seventh Avenue
6.4 CITY-ST-ZIP New York, NY 10106

14. 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 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, with all other like empowered.

SIGNATURE: Steven Krause *Steven Krause* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99
Date

(312) 336-4400
Daytime Phone #

CR2E034 (11/98)