

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10348

1. Entity Name

DEARBORN FINANCIAL INSTITUTE, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90386 001 ***450.00

Principal Place of Business

Mailing Address

155 N WACKER DR
STE 900
CHICAGO IL 60606
US

155 N WACKER DR
STE 900
CHICAGO IL 60606-1719
US

30028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3370762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GRAYER, JONATHAN
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK NY 10-0106

TITLE ☒ Change ☐ Addition
NAME DE MARK, DON
STREET ADDRESS
CITY-ST-ZIP 10/06

TITLE ☒ Delete
NAME BLITZ, DENNIS
STREET ADDRESS 155 N WACKER DR, #900
CITY-ST-ZIP CHICAGO IL

TITLE ☒ Change ☐ Addition
NAME DE MARK, DON
STREET ADDRESS
CITY-ST-ZIP 60606

TITLE D ☐ Delete
NAME ROSEN, ANDREW
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK NY 10-0106

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 10/06

TITLE TD ☐ Delete
NAME JONES, HAL
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK NY 10-0106

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 10/06

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

TITLE ☒ Change ☐ Addition
NAME KRAUSE, STEVEN E
STREET ADDRESS
CITY-ST-ZIP 60606

TITLE S ☐ Delete
NAME DILLON, VERONICA
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK NY 10-0106

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 10/06

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres 3/9/01

(312) 836-4400

Date

Daytime Phone #

CR2E034 (10/00)