2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am § DOCUMENT # P10348 **Secretary of State** 1. Entity Name DEARBORN FINANCIAL INSTITUTE. INC. 03-12-2002 90069 001 ***450.00 Principal Place of Business Mailing Address 155 N WACKER DR 155 N WACKER DR STE 900 -1 STE 900 CHICAGO IL 60606 CHICAGO IL 60606-1719 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3370762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. ACH MOUTH IN RUES Signature, typed or printed name of registered agent and title if applicable. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. S. C. .OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE D ☐ Delete TITLE Addition GRAYER, JONATHAN NAME NAME STREET ADDRESS 888 SEVENTH AVENUE STREET ADDRESS **NEW YORK NY 10106** CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Delete TITLE Change Addition DE MARK, DON ERIC CANTOR NAME NAME STREET ADDRESS 155 N WACKER DR. #900 STREET ADDRESS 888 SEVEN TH AVE. CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-7IP D TITLE Delete TITLE Change ☐ Addition ROSEN, ANDREW NAME NAME STREET ADDRESS 888 SEVENTH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10106** CITY-ST-ZIP TITLE TD TITLE ☐ Delete Change Addition JONES, HAL NAME NAME **888 SEVENTH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10106** CITY-ST-ZIP TITLE X Delete TITLE Change M Addition AUSUST KRAUSE, STEVEN E NAME NAME SEVENTH 888 STREET ADDRESS 155 N WACKER DR. #900 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP VEW YORK ΑУ 10/06 TITLE TITLE ☐ Delete Change Addition DILLON, VERONICA NAME NAME 888 SEVENTH AVENUE STREET ADDRESS STREET ADDRESS NEW YORK NY 10106 CITY-ST-ZIP CITY-ST-ZIP

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.

(312) 894-0676

FILED