

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10348

Entity Name: DF INSTITUTE, INC.

FILED  
Apr 11, 2008  
Secretary of State

## Current Principal Place of Business:

30 SOUTH WACKER DR.  
STE 2500  
CHICAGO, IL 606067481 US

## New Principal Place of Business:

## Current Mailing Address:

30 SOUTH WACKER DR.  
STE 2500  
CHICAGO, IL 606067481 US

## New Mailing Address:

FEI Number: 36-3370762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAINELLI, ANDREA  
Address: 30 S. WACKER DR., 2500  
City-St-Zip: CHICAGO, IL 60606 US

Title: DV ( ) Delete  
Name: DILLON, VERONICA  
Address: 888 SEVENTH AVENUE  
City-St-Zip: NEW YORK, NY 10106 US

Title: VPAT ( ) Delete  
Name: PEYER, MICHAEL  
Address: 30 S. WACKER DR., 2500  
City-St-Zip: CHICAGO, IL 60606 US

Title: VTD ( ) Delete  
Name: LANE, ROBERT L  
Address: 888 SEVENTH AVENUE  
City-St-Zip: NEW YORK, NY 10106 US

Title: ASV ( ) Delete  
Name: MILLER, MARY JANE  
Address: 30 SOUTH WACKER DRIVE, #2500  
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete  
Name: ELIE, JEFFREY L  
Address: 888 SEVENTH AVENUE  
City-St-Zip: NEW YORK, NY 10106 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JONES, HAL  
Address: 30 S. WACKER DR., 2500  
City-St-Zip: CHICAGO, IL 60606 US

Title: VP (X) Change ( ) Addition  
Name: TEMTE, ANDREW  
Address: 1905 PALACE ST  
City-St-Zip: LA CROSSE, WI 54603 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PEYER

VPAT

04/11/2008

Electronic Signature of Signing Officer or Director

Date