

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90380 001 ***450.00

DOCUMENT # P10348

1. Entity 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**

2. Principal Place of Business

30 SOUTH WACKER DR

Suite, Apt. #, etc.

STE 2500

City & State

CHICAGO IL

Zip

60606-7481

Country

USA

3. Mailing Address

30 SOUTH WACKER DR

Suite, Apt. #, etc.

STE 2500

City & State

CHICAGO IL

Zip

60606-7481

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3370762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAYER, JONATHAN	
STREET ADDRESS	888 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	P	<input type="checkbox"/> Delete
NAME	CANTOR, ERIC	
STREET ADDRESS	888 SEVENTH AVE	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, ANDREW	
STREET ADDRESS	888 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, HAL	
STREET ADDRESS	888 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AUGUST, SCOTT	
STREET ADDRESS	888 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	S	<input type="checkbox"/> Delete
NAME	DILLON, VERONICA	
STREET ADDRESS	888 SEVENTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10106	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMACHER, ROSS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM L POWNEY	
STREET ADDRESS	30 SOUTH WACKER DRIVE, #2500	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM L POWNEY, ASST. SECY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (312) 894-0676

Daytime Phone #

CR2E034 (10/02)