

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 019 ***150.00

DOCUMENT # P 16407

1. Entity Name ABN AMRO Financial Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

135 S. LaSalle St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

860

City & State

Chicago, IL

City & State

Zip

60603

Country

Zip

Country

4. FEI Number

36-3558925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE Chairman
NAME Alger Chapman
STREET ADDRESS 135 S. LaSalle St., Ste. 860
CITY- ST- ZIP Chicago, IL 60603

TITLE Vice President
NAME Martin Eisenberg
STREET ADDRESS 135 S. LaSalle St., Ste. 860
CITY- ST- ZIP Chicago, IL 60603

TITLE Secretary
NAME Kirk Flores
STREET ADDRESS 135 S. LaSalle Street
CITY- ST- ZIP Chicago, IL 60603

TITLE Treasurer
NAME Thomas Magnavita
STREET ADDRESS 208 S. LaSalle Street
CITY- ST- ZIP Chicago, IL 60603

TITLE Director
NAME Bruce Callow
STREET ADDRESS 135 S. LaSalle Street
CITY- ST- ZIP Chicago, IL 60603

TITLE Director
NAME Michael Smale
STREET ADDRESS 181 W. Madison Street
CITY- ST- ZIP Chicago, IL 60603

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)