


**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90136 006 \*\*\*150.00



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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P23386

1. Corporation Name  
DELPHI CAPITAL CORP.

Principal Place of Business  
2000 N RACINE AVE #4400  
CHICAGO IL 60614

Mailing Address  
2000 N RACINE AVE #4400  
CHICAGO IL 60614

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
03/14/1989

4. FEI Number  
36-3383231

5. Certificate of Status Desired  
6. Election Campaign Financing  
Trust Fund Contribution  
8. This corporation owes the current year Intangible  
Personal Property Tax.

Applied For  
Not Applicable  
\$8.75 Additional  
Fee Required  
\$5.00 May Be  
Added to Fees  
Yes No

9. Name and Address of Current Registered Agent  
HUSS, JOSEPH J  
1901 HARRISON ST  
SUITE 1000  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS  
TITLE SD  
NAME DITKOWSKY, BURTON  
STREET ADDRESS 433 BRIAR PLACE  
CITY-ST-ZIP CHICAGO IL  
TITLE P  
NAME ADAMS, DOUGLAS A  
STREET ADDRESS 3000 N SHERIDAN  
CITY-ST-ZIP CHICAGO IL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP


14. 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 annual report or supplemental annual 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 12 or Block 13 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

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