

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P23386

1. Entity 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**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3383231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUSS, JOSEPH J
1901 HARRISON ST
SUITE 1000
HOLLYWOOD, FL 33020**

**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. 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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
DITKOWSKY, BURTON
433 BRIAR PLACE
CHICAGO, IL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
ADAMS, DOUGLAS A
1030 FOREST AVE.
GLENCOE, IL 60022**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000140451
04/29/04-80162-011 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 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

4/26/04 **773-248-8875**