

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90308 020 ***150.00

0661563 AT

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **36-3383231** Applied For
Not Applicable

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

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 _____ (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 NAME SD DITKOWSKY, BURTON | <input type="checkbox"/> Delete |
| STREET ADDRESS 433 BRIAR PLACE CHICAGO IL | |
| TITLE NAME P ADAMS, DOUGLAS A | <input type="checkbox"/> Delete |
| STREET ADDRESS 1131 WEST MORSE AVE CHICAGO IL | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME P Adams, Douglas A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1030 Forest Ave Glencoe, IL 60022 | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |

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 another like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *President* **4/17/03** **773-248-8875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)