FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38152** **(5)**

1. Corporation Name
DEARBORN FINANCIAL PUBLISHING, INC.

000001491480
-05/17/95--01113--015
*****25.00 *****25.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~520 NORTH DEARBORN ST.~~ ~~CHICAGO IL 60610~~	~~520 NORTH DEARBORN ST.~~ ~~CHICAGO IL 60610~~

3. Date Incorporated or Qualified: **03/30/1992**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business
21 155 North Wacker Drive
Suite, Apt. #, etc.
22 Suite 900
City & State
23 Chicago, IL
Zip 24 60606 Country 25 USA

2a. Mailing Address
26 155 North Wacker Drive
Suite, Apt. #, etc.
27 Suite 900
City & State
28 Chicago, IL
Zip 29 60606 Country 30 USA

4. FEI Number: **36-3807846** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: [signature] Asst. Sec. 5-1-95
(NOTE: Registered Agent Signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE	☒ Change	☐ Addition
NAME	KYLE, ROBERT C.	12 NAME		
STREET ADDRESS	~~520 NORTH DEARBORN ST.~~	13 STREET ADDRESS	155 North Wacker Drive, #900	
CITY ST ZIP	CHICAGO IL	14 CITY ST ZIP	60606	
TITLE	DV	21 TITLE	☒ Change	☐ Addition
NAME	BLITZ, DENNIS	22 NAME		
STREET ADDRESS	~~520 NORTH DEARBORN ST.~~	23 STREET ADDRESS	155 North Wacker Drive, #900	
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	60606	
TITLE	DV	31 TITLE	☒ Change	☐ Addition
NAME	CONSTANT, ANITA A.	32 NAME		
STREET ADDRESS	~~520 NORTH DEARBORN ST.~~	33 STREET ADDRESS	155 North Wacker Drive, #900	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	60606	
TITLE	S	41 TITLE	☐ Change	☐ Addition
NAME	COWAN, WILLIAM H.	42 NAME		
STREET ADDRESS	180 NORTH LASALLE ST.	43 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP		
TITLE	V	51 TITLE	☒ Change	☐ Addition
NAME	HONAKER, TIMOTHY R	52 NAME		
STREET ADDRESS	~~520 NORTH DEARBORN STREET~~	53 STREET ADDRESS	155 North Wacker Drive, #900	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	60606	
TITLE	AS	61 TITLE	☒ Change	☐ Addition
NAME	POWNEY, WILLIAM C	62 NAME		
STREET ADDRESS	~~520 NORTH DEARBORN STREET~~	63 STREET ADDRESS	155 North Wacker Drive, #900	
CITY ST ZIP	CHICAGO IL ~~Resigned~~ by Grant	64 CITY ST ZIP	60606	

2A 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] William C. Powney 4/7/95 (312) 836-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469726 FP