

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
 03-12-2002 90069 001 ***450.00

SECRET
 AV

DOCUMENT # P38152

1. Entity Name
DEARBORN FINANCIAL PUBLISHING, INC.

Principal Place of Business
155 NORTH WACKER DR.
STE. #900
CHICAGO IL 60606

Mailing Address
155 NORTH WACKER DR.
STE. #900
CHICAGO IL 60606-1719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
36-3807846

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324

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.

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
GRAY, JONATHAN
STREET ADDRESS
888 SEVENTH AVE
CITY-ST-ZIP
NEW YORK NY 10106

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
V
NAME
LIPNER, ROY
STREET ADDRESS
155 NORTH WACKER DR. #900
CITY-ST-ZIP
CHICAGO IL 60606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
S
NAME
DILLON, VERONICA
STREET ADDRESS
888 SEVENTH AVE
CITY-ST-ZIP
NEW YORK NY 10106

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
NAME
ROSEN, ANDREW
STREET ADDRESS
888 SEVENTH AVE
CITY-ST-ZIP
NEW YORK NY 10106

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
V
NAME
KRAUSE, STEVEN E
STREET ADDRESS
155 NORTH WACKER DR. #900
CITY-ST-ZIP
CHICAGO IL 60606

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
D
NAME
JONES, HAL
STREET ADDRESS
888 SEVENTH AVE
CITY-ST-ZIP
NEW YORK NY 10106

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E. Powney, Asst Secy* *W. Powney* *2/25/02* *(312) 894-0676*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)