2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P38152 02-16-2007 90035 006 ***150.00 1. Entity Name DEARBORN FINANCIAL PUBLISHING, INC. Principal Place of Business Mailing Address 30 SOUTH WACKER DR. 30 SOUTH WACKER DR. 40019121 STE 2500 STE 2500 CHICAGO, IL 60606-7481 CHICAGO, IL 60606-7481 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 36-3807846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 PINE ISLAND RD. PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE VERLONICA DILLON ☐ Change **Addition** TITLE GRAYER, JONATHAN NAME NAME 838 Seventh Ave 888 SEVENTH AVE STREET ADDRESS STREET ADDRESS New York, NY 10100 CITY-ST-ZIP NEW YORK, NY 10106 CITY-ST-ZIP PRESIDENT TITLE ☐ Delete TITLE Change Ch ☐ Addition ROY LIPNER LIPNER, ROY NAME NAME STREET ADDRESS 30 SOUTH WACKER DRIVE, #2500 STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP CHICAGO, IL 60606 VP - ASST TREASURER TITLE ☐ Change Addition **D**elete TITLE MICHAEL PEYER 30 S WACKER DIZ SUITE 2500 LEVY, HAROLD O NAME NAME STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE NEW YORK, NY 10106 CITY-ST-ZIP CHICAGO, IL GOLOW CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ROSEN, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10106 THILE ☐ Change ☐ Addition **⊠** Delete TITLE NAME HAMACHEK, ROSS NAME STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE CITY-ST-ZIP NEW YORK, NY 10106 CITY-ST-ZIP ☐ Change ☐ Addition TITLE AS ☐ Delete THLE MILLER, MARY JANE NAME NAME STREET ADDRESS 30 SOUTH WACKER DRIVE, #2500 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 606067481 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED Feb 16, 2007 8:00 am

Secretary of State

Daylime Phone #