

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90380 001 \*\*\*450.00

**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**



2. Principal Place of Business

**30 SOUTH WACKER DR**

3. Mailing Address

**30 SOUTH WACKER DR**

Suite, Apt. #, etc.

**STE 2500**

Suite, Apt. #, etc.

**STE 2500**

City & State

**CHICAGO IL**

City & State

**CHICAGO IL**

Zip

**60606-7481**

Country

**USA**

Zip

**60606-7481**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3807846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 PINE ISLAND RD.  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete  
NAME **GRAYER, JONATHAN**  
STREET ADDRESS **888 SEVENTH AVE**  
CITY-ST-ZIP **NEW YORK NY 10106**

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

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

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

TITLE **V** ☐ Delete  
NAME **AUGUST, SCOTT**  
STREET ADDRESS **888 SEVENTH AVE**  
CITY-ST-ZIP **NEW YORK NY 10106**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **30 SOUTH WACKER DRIVE, # 2500**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **AS D WILLIAM HAMACHEK, ROSS**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **AS POWNEY, WILLIAM**  
STREET ADDRESS **30 SOUTH WACKER DRIVE, # 2500**  
CITY-ST-ZIP **CHICAGO IL 60606-7481**

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 REQUIRED**  
**WILLIAM POWNEY, ASST. SECY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/03**

Date

**(312) 894-0676**

Daytime Phone #

CR2E034 (10/02)