

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000089159

1. Entity Name

JUPITER FINANCIAL CORPORATION



Principal Place of Business

C/O THE OLD MOUNTAIN COMPANY, INC.
551 FIFTH AVE., SUITE 1916
NEW YORK, NY 10176

Mailing Address

C/O THE OLD MOUNTAIN COMPANY
225 WEST WACKER, SUITE 1500
CHICAGO, IL 60606 US

FILED

2007 JAN 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0720583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
SUITE 400
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FIELD, MARSHALL V
STREET ADDRESS 225 W WACKER DR STE 1500
CITY-ST-ZIP CHICAGO, IL 60606

TITLE DP
NAME PIROVANO, JOHN A
STREET ADDRESS 551 FIFTH AVE., SUITE 1916
CITY-ST-ZIP NEW YORK, NY 10176

TITLE S
NAME SVEC, CHRISTINE
STREET ADDRESS 225 W WACKER DR STE 1500
CITY-ST-ZIP CHICAGO, IL 60606

TITLE T
NAME HAMMOND, TORRENCE K
STREET ADDRESS 225 W WACKER DR STE 1500
CITY-ST-ZIP CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600086744536
01/31/07--01010--001 **2250.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE:

Christine Svec, Secretary

1/19/07

312-971-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #