

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90196 001 \*\*\*750.00

**DOCUMENT # P96000101569**

1. Entity Name  
**JUPITER PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
**C/O THE OLD MOUNTAIN COMPANY, INC.  
225 WEST WACKER, SUITE 1500  
CHICAGO, IL 60606**

Mailing Address  
**225 WEST WACKER  
SUITE 1500  
CHICAGO, IL 60606 US**

00003282



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112006

Chg-P

CR2E034 (11/05)

4. FEI Number

13-3942329

Applied For

Not Applicable

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 S 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. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FIELD, MARSHALL V**  
STREET ADDRESS **225 W WACKER DR, SUITE 1500**  
CITY-ST-ZIP **CHICAGO, IL**

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

TITLE **D** ☐ Delete  
NAME **PIROVANO, JOHN A**  
STREET ADDRESS **551 FIFTH AVENUE, SUITE 1916**  
CITY-ST-ZIP **NEW YORK, NY**

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

TITLE **VT** ☐ Delete  
NAME **SPIOTTA, RONALD J**  
STREET ADDRESS **225 W WACKER DR STE 1500**  
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☒ Change ☐ Addition  
NAME **HAMMOND, TORRENCE K.**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Christine Svec, Secretary** 2/22/06

312-917-1813

Date

Daytime Phone #