| APV NORTH AMERICA, INC. Secretary of State 69-12-2000 90011 021 ***550.00 Principal Prace of Business 955 W. BRYN MAWR AVENUE ROSEMONT IL. 60018 Sets W. BRYN MAWR AVENUE ROSEMONT IL. 60018 Sulfa, Apr. 8, side. City 6 State City 6 Stat | 1. Entity Name | | | | | Sep 12, 2000 8:00 am | | | |
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| Making Address 90.5 W 687N MAWR AVENUE ROSEMONT IL 60018 2. Provipilar Race of Business Sute. Apit. 4. etc. 2. Provipilar Race of Business Sute. Apit. 4. etc. Sute. Apit. 4. etc. Coy & State City & FL Zip Code Replication of Status Desired Replication of Statu | APV NORTH AMERICA, INC. | | | | / | Secretary of State | | | |
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| 2. Principal Place of Business | 9525 W. BRYN MAWR AVENUE | | 9525 W. BRYN MAWR AVENUE | | | | | | |
| Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. DO NOT WINTERN THIS SPACE City & State City & State A. FEI Number 36-2759592 Adplied For Not Applicable | | | | | | ለሀሀተህ | UUU | | |
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| City & State Name and Address of Current Registered Agent City & State Name and Address of New Registered Agent City & State Name and Address of New Registered Agent City & State Name and Address of New Registered Agent City & State Name and Address of New Registered Agent City & State City & State City & FL Zip Code Street Address (RO. Box Number is Not Acceptable) FL Zip Code City Fl Zip | 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Second S | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN TH | S SPACE | | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) The above named entity submist this statement for the purpose of changing its registered agent, or both, in the State of Florida. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills if explicitly. SignATURE Symbour, inpod or printed name of registering agent and tills. SignATURE Symbour, inpod or printed name of registering agent and tills. SignATURE Symbour, inpod or printed agent and tills. SignATURE Symbour and agent and agent and tills. SignATURE Symbour and agent and | City & State | | City & State | | 4. | FEI Number 36-2759592 | — — — | | |
| CTC CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code City FL Zip Cod | Zip | Country | Zip | Country | 5. | Certificate of Status Desired | | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City FL Zip Code Address (P.O. Box Number is Not Acceptable) City City FL Zip Code Address (P.O. Box Number is Not Acceptable) City Cit | | 6. Name and Address of Current Re | gistered Agent | | 7. | Name and Address of New Registere | | | |
| Street Address (P.U. Box Number's Not Acceptable) PLANTATION PL 33324 City FL Zip Code | Name - | | | | | The state of the s | | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature | 1200 | S. PINE ISLAND ROAD | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SIGNATURE Signature Superment and elects to do so. (See orteria on back) No. F. F. L. L. C. P. C. | 165 | †. | | | | | | | |
| SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See crieria on back) by Exhaption Shartholders 11. | | | | City | | F | L Zip Cod | e | |
| Tax filing requirement and elects to do so. (See criteria on back) No. (See criteria | SIGNATURE . | Signature, typed or printed name of registered agent and | title if applicable. (NOTE | E: Registered Agent signatu | re required when r | | E | | |
| TITLE S SHEET ADDRESS CITY-ST-ZIP TITLE VD SOSEMONT IL TITLE PD SOSEMONT PD SOSEMONT PD SOSEMONT PD SOSEMONT PD SOSEMONT PD SOSEMONT PD | Tax filing requirement and elects to do so. (See criteria on back) No FL. | | After SEPTEMBER 13, 2000 Min. will be \$75 | | e \$750.00 | | | | |
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| THE EXPLORATION FOR THE INTERPRETABLE AND AREA THE THE THEORY OF THE PARTY OF THE P | | ertify that the information supplied with th | is filing does not qualify for | | ed in Section | 119.07(3)(i), Florida Statutes, I further | certify that the i | nformation | |

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 sustee 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:

2000 UNIFORM BUSINESS REPORT (UBR)

847 - 678 - 4300 Daytime Phone #