2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State DOCUMENT # F00000004737 1. Entity Name 05-16-2002 90078 025 ***150.00 FACTUAL PHOTO, INC. Principal Place of Business Mailing Address 931 WEST 75TH STREET, SUITE 137 931 WEST 75TH STREET, SUITE 137 NAPERVILLE IL 60565 NAPERVILLE IL 60565 2. Principal Place of Business 3. Mailing Address 1665 QUINCY AVE, STE 123 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3935859 NAPERVILLE, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 60540 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. The above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE byed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)TITLE ☐ Delete TITLE ☐ Addition NAME OLIVER, GEORGE S NAME STREET ADDRESS 931 WEST 75TH STREET, SUITE 137 **CR2E034** STREET ADDRESS 1665 QUINCY AVE, STE 123 CITY-ST-ZIE NAPERVILLE IL 60565 CITY-ST-ZIP NAPERVILLE, IL 60540 TITLE CD ☐ Delete M Change ☐ Addition NAME OLIVER, GEORGE S NAME STREET ADDRESS 931 WEST 75TH STREET, SUITE 137 STREET ADDRESS 1665 QUINCY AVE, STE CITY-ST-ZIP NAPERVILLE IL 60565 CITY-ST-ZIP NAPERVILLE, IL 60540 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:)