

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000547

FILED  
Mar 10, 2011  
Secretary of State

Entity Name: ERP HOLDING CO., INC.

**Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA STE 400  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA STE 400  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 36-4376521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NEITHERCUT, DAVID J  
Address: TWO NORTH RIVERSIDE PLAZA STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: DPVT  
Name: PARRELL, MARK  
Address: TWO NORTH RIVERSIDE PLAZA STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: D  
Name: STROHM, BRUCE C  
Address: TWO NORTH RIVERSIDE PLAZA STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: S  
Name: LAPELLE, MICHELLE  
Address: TWO NORTH RIVERSIDE PLAZA STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: VPAS  
Name: BAGINSKI, WENDY  
Address: TWO NORTH RIVERSIDE PLAZA STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: VP  
Name: BERDELLE, DEDE  
Address: TWO NORTH RIVERSIDE PLAZA STE 400  
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE LAPELLE

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03/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date