2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000166

Entity Name: REVENUE PRODUCTION MANAGEMENT, INC.

FILED May 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2800 S RIVER RD SUITE 450 DES PLAINES, IL 60018 **Current Mailing Address: New Mailing Address:** PO BOX 925 2800 S RIVER RD SUITE 450 ROSEMONT, IL 600180925 DES PLAINES, IL 60018 FEI Number: 36-3933989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition MIRAFZALI, HAMID Name: MIRAFZALI, HAMID Name: 255 W MICHIGAN AVE PO BOX 1123 255 W MICHIGAN AVE Address: Address: City-St-Zip: JACKSON, MI 492041123 City-St-Zip: JACKSON, MI 49201 US Title: Title: () Delete (X) Change () Addition SCHREIBMAN, ISAAC S ESQ Name: SCHREIBMAN, ISAAC S ESQ Name: 2800 S RIVER RD SUITE 450 2800 S RIVER RD SUITE 450 Address: Address: DES PLAINES, IL 60018 DES PLAINES, IL 60018 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: MIRAFZALI, SHADAN MIRAFZALI, SHADAN Name: Name: 255 W MICHIGAN AVE PO BOX 1123 255 W MICHIGAN AVE Address: Address: City-St-Zip: JACKSON, MI 492041123 City-St-Zip: JACKSON, MI 49201 US Title: () Delete Title: () Change (X) Addition LEAR, BARBARA M Name: Name: Address: Address: 2800 S RIVER RD SUITE 450 City-St-Zip: City-St-Zip: DES PLAINES, IL 60018 US Title: Title: () Change (X) Addition () Delete MUNDT, BRADLEY J Name: Name: Address: Address: 255 W MICHIGAN AVE City-St-Zip: City-St-Zip: JACKSON, MI 49201 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRADLEY J. MUNDT T 05/09/2008