

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1999 JUN 24 AM 11:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(1)

APPLICATION FOR REINSTATEMENT



98-99 AR

FLORIDA DEPARTMENT OF REVENUE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000006137(3)

1. Corporation Name

BUTLER PARTNERS, INC.

Principal Place of Business Mailing Address

2355 WAUKEGAN ROAD
SUITE A 200
BANNOCKBURN, IL. 60015

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/01/94	
City & State		City & State		5. FEI Number	
Zip		Country		36-3984565	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
See Attached			
			200002918632--5 -06/29/99--01055--012 ***900.00 ***900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
The PRENTICE HALL CORPORATION System 1201 HAYS ST. STE. 105 TALLAHASSEE, FL. 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 6/22/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* JERRY M. OGLE
 SIGNATURE AND TYPE OF PRINCIPAL NAME OF SIGNING OFFICER OR DIRECTOR
 Managing Director and Secretary

Date: 6/10/99 Daytime Phone #: 847-317-4380

CR2E081 (12/98)

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OFFICERS

<u>Name</u>	<u>Title</u>
Thomas E. Meador	Chairman, President and Chief Executive Officer
Alexander J. Darragh	Senior Vice President
Jayne A. Kosik	Senior Managing Director, Chief Financial Officer, Treasurer and Assistant Secretary
Jerry M. Ogle	Senior Managing Director, General Counsel and Secretary
Mike Becker	Senior Managing Director
Jane P. Cody	Senior Managing Director
Terri Thompson	Managing Director and Assistant Secretary

DIRECTORS

Thomas E. Meador
Jayne A. Kosik

The address of the above Officers and Directors

2355 Waukegan Road - Suite A200
Bannockburn, Illinois 60015