FILED

847-405-1179

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TWED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # F99000004418 GTG/INSURANCE AGENCY, INC. 04-10-2001 90096 014 ***150.00 Principal Place of Business Mailing Address 2500 LAKE COOK ROAD 2500 LAKE COOK ROAD RIVERWOODS IL 60015 RIVERWOODS IL 60015 2. Principal Place of Business 3. Mailing Address 12 Read's Way 2500 Lake Cook Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Tax Dept. BB3S City & State City & State 4. FEI Number Applied For 22-3662754 New Castle, DE Not Applicable Riverwoods. 60015 Zip Country \$8.75 Additional 5. Certificate of Status Desired 19720 Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent . Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 3R2E034 (10/00) Change TITI F ☐ Delete TITLE ☐ Addition NAME HILL, J. NATHAN NAME 12 Read's Way STREET ADDRESS STREET ADDRESS 2500 LAKE COOK ROAD CITY-ST-ZIP CITY-ST-ZIP New Castle, DE 19720 RIVERWOODS IL 60015 ☐ Delete TITLE TITLE XX Change ☐ Addition NAME COANE, JOHN J NAME 12 Read's Way STREET ADDRESS 2500 LAKE COOK ROAD STREET ADDRESS CITY-ST-ZIP RIVERWOODS IL 60015 CITY-ST-ZIP New Castle, DE 19720 TITLE TITLE ☐ Change ☐ Addition Delete NAME HAYDEN, HUGH M NAME -STREET ADDRESS 2500 LAKE COOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERWOODS IL 60015 TITLE ☐ Delete ☐ Addition NAME BELLOCK, MARGARET J NAME STREET ADDRESS STREET ADDRESS 2500 LAKE COOK ROAD CITY-ST-ZIP CITY-ST-ZIP **RIVERWOODS IL 60015** TITLE ☐ Delete ☐ Change ☐ Addition CORLEY, KELLY M NAME STREET ADDRESS 2500 LAKE COOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERWOODS IL 60015** TITLE D ☐ Delete TITLE ☐ Change Addition NAME MARTIN, JANET L STREET ADDRESS 2500 LAKE COOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERWOODS IL 60015** 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 trustee 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.

Secretary