2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2007 8:00 am Secretary of State

03-28-2007 90014 018 ***150.00

DOCUMENT # P99000022287 ZENITH CORPORATION 40043559 Principal Place of Business Mailing Address C/O DEIDRE S. WALTZ, NORTHERN TRUST BANK C/O DEIDRE S. WALTZ, NORTHERN TRUST BANK 1100 E. LAS OLAS BLVD. 1100 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 51-0170911 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTZ, DEIDRE S Street Address (P.O. Box Number is Not Acceptable) C/O NORTHERN TRUST BANK 1100 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 Nestun 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME STEWART, JOAN NAME 2165 S.W. 23RD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP D TITLE Delete TITLE Walker, Denise No. 2300 wester Road WALTZ DEIDRE NAME NAME STREET ADDRESS NORTHERN TRUST BANK, 1100 LAS OLAS BLVD. STREET ADDRESS ろろうみし Neston CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME HEIDBRINK, F. DIRK NAME STREET ADDRESS 1123 DINEGAL LN. STREET ADDRESS CITY-ST-ZIP NORTHBROOK, IL 60062 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET AOORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WINEL M. Waller, Vice Viscilent //orther

3/23/07 (954) 659-3700