2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 840072** Mar 02, 2000 8:00 am **Secretary of State** COMSYS INFORMATION TECHNOLOGY SERVICES, INC. 03-02-2000 90187 016 ***150.00 Principal Place of Business Mailing Address 4400 POST OAK PARKWAY 4400 POST OAK PARKWAY **SUITE 1100 SUITE 1100** HOUSTON TX 77027 HOUSTON TX 77027-3400 C0028935 2. Principal Place of Business 3. Mailing Address 4400 Post Oak Parkway 4400 Post Dak Parkway uite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE <u>Suite 2575</u> Suite 2575 City & State City & State 4. FEI Number Applied For 75-1300240 Houston Houston Not Applicable Country . Country \$8.75 Additional 5. Certificate of Status Desired 17027 usA 77027 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. CEO CEO/President/Chairman/D TITLE ☐ Delete Change Change WILLIS, MICHAEL T 4400 Post Oak Parkway. Suite 2515 4400 POST OAK PARKWAY SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77027** CITY-ST-ZIP v/\$ TITL F Change **⊠**Delete PAQLICELLI, RICHARD A Amir Alavi NAME NAME 4400 Post Oak Parkway . Suite 2575 STREET ADDRÉSS 4400 POST OAK PARKWAY SUITE 2300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Houston, TX 77027 HOUSTON TX 77027 CFAS ☐ Delete TITLE TITLE ☐ Addition WRIGHT, ALBERT S IV NAME NAME 4400 Post Oak Palkway. Swite 2575 STREET ADDRESS 4400 POST OAK PARKWAY SUITE 2300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX 77027** SVPA Change **Addition** TITLE Delete TITLE David Kerr PIERCE, EDWARD L NAME NAME 4400 Post Oak Parkway, Swite 2575 STREET ADDRESS 4400 POST OAK PARKWAY SUITE 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Houston, TX 77027 **HOUSTON TX 77027** TITLE **EVPS** TITLE Change Addition Delete Donald J. Edwards NAME DAMERIS, PETER T NAME 6100 Sears Tower STREET ADDRESS 4400 POST OAK PARKWAY SUITE 1100 STREET ADDRESS Chicago, IL 60606 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** AS TITLE Change **Addition** TITLE Delete Bruce Rauner SIBLEY, BETH 6100 Sears Tower 4400 POST OAK PARKWAY, SUITE 1100 STRÉET ADDRESS STREET ADDRESS Chicago, IL 60606 CITY: ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027**

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 a address. The first and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(713) 548-3673

Daytime Phone #