2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am DOCUMENT # F9900005148 **Secretary of State** 1. Entity Name CTI ADMINISTRATORS, INC. 02-13-2001 90603 028 ***150.00 Mailing Address Principal Place of Business 100 COURT AVENUE, SUITE 306 100 COURT AVENUE, SUITE 306 DES MOINES IA 50309 DES MOINES IA 50309 CU021123 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 42-1411305 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ----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.

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRANDT, DONALD R NAME NAME STREET ADDRESS 100 COURT AVENUE, SUITE 306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50309 ☐ Addition ☐ Change DVTS TITLE ☐ Delete TITLE CALKINS, RUSSELL W III NAME NAME STREET ADDRESS 1200 LAKE SHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60605 Change ☐ Addition TITLE Delete TITLE NAME NAME BRANDT, DALE A ---STREET ADDRESS STREET ADDRESS 735 WILLIAMS WAY CITY-ST-ZIP CITY-ST-ZIP **VERNON HILLS IL 60061** ☐ Addition ☐ Change ☐ Delete TITLE TITLE GAGNE, PATRICIA C NAME NAME STREET ADDRESS STREET ADDRESS 100 COURT AVENUE, SUITE 306 CITY-ST-ZIP CITY-ST-7IP DES MOINES IA 50309 ☐ Addition TITLE TITLE □ Delete ⊢ NAME NAME STREET ADDRESS STREET ADDRESS

(NOTE: Registered Agent signature required when reinstating)

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 addless, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

DONALD R. BEANDY

1-23-2001

515244-732

Change

☐ Addition

Daytime Phone

DATE