**FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State 333956 DOCUMENT # 1. Entity Name 05-21-2002 90871 023 \*\*\*150.00 MID-COUNTY SERVICES, INC. Principal Place of Business Mailing Address 2335 SANDERS RD 2335 SANDERS RD P. O. BOX 4100 T: O: BOX 4100 NORTHBROOK IL 60062 NORTHBROOK IL 60062 2. Principal Place of Business 3. Mailing Address 2335 SANDERS RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NORTHBROOK 14 59-1229280 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 60062 COOK Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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, 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition CEO TITLE ☐ Delete TITLE Chairman & CEO CAMAREN, JAMES NAME NAME 2335 SANDERS RD-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL CITY-ST-ZIP President & CFO ☐ Delete TITLE K Change ☐ Addition NAME SCHUMACHER, LAWRENCE NAME STREET ADDRESS 2335 SANDERS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL Change ☐ Addition Delete TITLE TITLE NAME NAME WENZ, CARL STREET ADDRESS STREET ADDRESS 2335 SANDERS RD CITY-ST-ZIP NORTHBROOK IL CITY-ST-ZIP 🔏 Delete ☐ Change ☐ Addition TITLE TITLE DOPUCH, ANDREW NAME NAME STREET ADDRESS 2335 SANDERS RD STREET ADDRESS NORTHBROOK IL CITY-ST-ZIP CITY-ST-7IP VP. ☐ Change X Addition TITLE ☐ Delete TITLE NAME Rasmussen, Donald NAME STREET ADDRESS STREET ADDRESS 200 Weathersfield Ave CITY-ST-ZIP CITY-ST-7IP Altamonte Springs, FL 32714 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR