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SIGNATURE:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT #413350** 04-30-2007 90847 042 ***150.00 ALL INTERIOR SUPPLY, INC. Principal Place of Business Mailing Address 40093533 125 SOUTH FRANKLIN STREET 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address \$ 6969 W. ZOTH AVE 20th AVE 6969 W. Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chq-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State HIALEAH, FL HIALEAH, FL 59-1495127 Not Applicable Country Country USA Zip \$8.75 Additional 5. Certificate of Status Desired 33014 USA 33014 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. TITLE TITI F X Delete Change | Addition BRENDAN J. DEELY LOTSPEICH, JAY W NAME NAME 550 W. ADAMS 6969 W. 20TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH, FL 33014 CHICAGO, IL 60661 V/D Delete TITLE ☐ Change X Addition TITLE JOHN W. CAIN HERNANDEZ, JOHN J NAME NAME SSO W. ADAMS STREET ADDRESS 6969 W. 20TH AVE. STREET ADDRESS CITY-ST-7IP HIALEAH, FL 33014 CITY-ST-7IP CHICAGO, IL 60661 TITI F Delete TITLE ☐ Change Addition JOHN J. HERIVANDEZ PETRICONE, JULIE NAME NAME 6969 W ZOTH AVE STREET ADDRESS 6969 W. 20TH AVE. STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition KAREN L. LEETS EDWARD, ALFERT NAME NAME 550 W ADAMS STREET ADDRESS 6969 W. 20 AVENUE STREET ADDRESS CHICAGO, IL 60661 CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP TITLE TITLE Delete Change Addition RICHARD H. FLEMING NAME NAME 550 W ADAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60661 CITY-ST-ZIP TITLE ☐ Delete TITLE JOSEPH W. HOLMES ☐ Change **Addition** NAME 550 BW. ADAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60661 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.

John Hervandez, EN, HANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

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ATTACHMENT **DOCUMENT #413350** 1. Entity Name ALL INTERIOR SUPPLY, INC. Mailing Address Principal Place of Business 125 SOUTH FRANKLIN STREET 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-1495127 Not Applicable Zip Country Zip Country \$8.75 Additional 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 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Addition ☐ Change TITLE D Delete MARK A. HICKMAN LOTSPEICH, JAY W NAME NAME 550 W ADAMS 6969 W. 20TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, DL 60661 CITY-ST-ZIP HIALEAH, FL 33014 ☐ Change Addition TITLE PTD Delete TITLE KEVIN CORRIGAN HERNANDEZ, JOHN J NAME NAME 550 W ADAMS 6969 W. 20TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, FL 60661 CITY-ST-ZIP HIALEAH, FL 33014 ***** 5 V\$D ☐ Change Addition Delete TITLE TITLE SUZANNE K. TORREY PETRICONE, JULIE NAME NAME 550 W. ADAMS 6969 W. 20TH AVE. STREET ADDRESS STREET ADDRESS CHICAGO, IL 60661 HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete EDWARD, ALFERT NAME NAME STREET ADDRESS 6969 W. 20 AVENUE STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

Daytime Phone #

Date