2003 FOR PROFIT CORPORATION

FILED Jun 20, 2003 8:00 am Secretary of State 06-20-2003 90183 001 *1,050.00

1. Entity Nan				((b) /_			00-20-2003 70	105 (.ОТ 1,	030.00	
Principal Place of Business 100 N RIVERSIDE 5003-4551 CHICAGO IL 60606 US				Mailing Address 100 N RIVERSIDE 5003-4551 CHICAGO IL 60606 US				55049341				
	Place of Busin	3. Mailing Address]	1 1880/80 19681 18879 17817 1808) 61881 1 881 81	BEL BUBIL	Liell Olêli	BIRNI BIRNI IBBL		
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	& State	,	33-2417402 N			pplied For lot Applicable	_		
Zip					try	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						Name	7. 1	Name and Address of New Register	ed Age	nt		4
CORPORA	ATION:SERV	ICE COMPANY				Name 						·
1201 HAY	OC; OCINI, MITTER			Street Address	(P.O. B	lox Number is Not Acceptable)]-		
	SSEE FL 32	301										7
						City			FL	Zip Coo	ie	1
	tions of registe					ed office or registe		ent, or both, in the State of Florida. I		iliar with,	and accept	
			1 C 100 II C(2)			a rigal it significant	-					-
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					Election Campaign Financing Trust Fund Contribution.			00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DI	RECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JAMES C 100 N RIVERSIDE CHICAGO IL 60606 S SEAMANS, RICHARD C 100 N RIVERSIDE CHICAGO IL 60606			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	CR2E034 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP										Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	D KINSCHER 100 N RIVE CHICAGO		-	Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROWN, K 100 N RIVE CHICAGO	ATHERINE ERSIDE		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDI 100 N RIVE CHICAGO			□ Oelete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOELLNER 100 N RIVE CHICAGO I			Defete						Change	Addition	
12. I hereby of indicated of the correct	certify that the on this report poration or the	information supplied with or supplemental report is a receiver or trustee empo	this filing true and a wared to	does not qualify for accurate and that execute this report	or the exer my signat t as requir	nption stated in Se ure shall have the ed by Chapter 607	ection 1 same le 7, Fiorid	19.07(3)(i), Florida Statutes. I further egal effect as if made under oath; tha la Statutes; and that my name appea	certify t t I am a rs in Bio	hat the ir n officer ick 10 or	iformation or director Block 11 if	