CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # 835746 1. Entity Name NORLEASE, INC. 04-08-2002 90070 041 ***150.00 Principal Place of Business Mailing Address %CORPORATE TAX M-11 50 SOUTH LASALLE STREET 50 SOUTH LASALLE STREET %ROSE ELLIS, M-9 CHICAGO IL 60675 CHICAGO IL 60675 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2748768 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition PAPE, J. JAY NAME NAME STREET ADDRESS STREET ADDRESS **50 SOUTH LASALLE STREET** CITY-ST-ZIP CITY-ST-7IP CHICAGO IL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME KELLEY, JOHN A STREET ADDRESS STREET ADDRESS 50 SOUTH LASALLE ST CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60675 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME JANOVSKY, BRUCE C STREET ADDRESS STREET ADDRESS 50 S. LASALLE STREET CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE ☐ Delete TITLE ☐ Change Addition NAME PARKER, ERIC G. NAME STREET ADDRESS STREET ADDRESS 50 S. LA SALLE ST. CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE ☐ Delete TITLE Change ☐ Addition NAME DAVIS, GLENN P STREET ADDRESS STREET ADDRESS **50 S LASALLE ST** CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAFFERTY, J S JR NAME STREET ADDRESS **50 S LASALLE ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 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

SIGNATURE:

BRUNE ACUI STATE OFFICE OF SIGNING OFFICER OR DIRECTOR

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

TRACUALL