2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 838762 May 01, 2000 8:00 am Secretary of State CANDLE CORPORATION OF AMERICA 05-01-2000 90429 042 ***150.00 Principal Place of Business Mailing Address 999 E. TOUHY 999 E. TOUHY STE. #450 STE. #450 DES PLAINES IL 60018 **DES PLAINES IL 60018-2748** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 11-1434610 Not Applicable Zip Country 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 CT Corporation System GARCIA, JOSE Street Address (P.O. Box Number is Not Acceptable) 7363 NW 36 AVE. **MIAMI FL 33147** 1200 South Pine Island Rd City Zip Code 33324 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 Jonathan R. Giddings Assistant Socretary SIGNATURE required when reinstating? FILE NOW!!! FEE IS \$150.00 9. This con poration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITI F TITLE ROSE, HOWARD NAME NAME 999 E TOUHY AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DES PLAINES IL 60018 ☐ Delete ☐ Change ☐ Addition TITLE **BROWNING, RICHARD** NAME NAME STREET ADDRESS 100 FIELD POINT RD *** STREET ADDRESS GREENWICH CT 06830 CITY-ST-ZIP CITY-ST-ZIP TITLE _ _ Change ☐ Addition TITLE ☐ Delete GOERGEN, BOB NAME NAME STREET ADDRESS 100 FIELD POINT RD STREET ADDRESS CITY-ST-ZIP GREENWICH CT 06830 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAFORGE, ELWOND L NAME 100 FIELD PT RD STREET ADDRESS STREET ADDRESS **GREENWICH CT 06830** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE KREIGER, BRUCE D NAME NAME 100 FIELD PT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENWICH CT 06830 CITY-ST-ZIP Change ☐ Addition Delete TITLE TIBLE 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR