FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SUITE, Apt. #, etc. SUITE, 60.0 City & State CHICAGO COUNTY Zip CORPORATION SERVICE COMPANY Name and Address of Current Registered & State CORPORATION SERVICE COMPANY STREET City TALLAHASSEE FL 3. 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. In and accept the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and tille if applicable. After May 1, Fee is \$150.00 Arended URR is \$61.25 Make Check Payable to Floridate albeyantment of State 10. OFFICERS AND DIRECTORS THE DI NAME HILLER, DAVID D, NAME HILLER, DAVID D, NAME HILLER, DAVID D, NAME KENNEY, CRANE H. NAME CHICAGO, IL 60611 TITLE UNAME KENNEY, CRANE H. NAME KENNEY, CRANE H. NAME CHICAGO, IL 60611 TITLE UNAME CHICAGO, IL 60611 TITLE UNAME LANDON, TIMOTHY J. NAME SIREFADORESS CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NAME HIANIK, MARK W. NAME SIREFADORESS CITY-ST-2P CHICAGO ON THE SUPPLY ABVAINED CITY-ST-2P	1	1	-	CIDAL A				
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Name OCREPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE 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 and accept the obligations of registered agent and site if applicable. SIGNATURE Signature, bysed or protect name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) 1. Applicative in the obligations of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. The Arended URIs is \$51.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PD ITTLE PD ITTLE SITUATION AVENUE STREET ADDRESS (14/301/03U1/211/03) TITLE VT NAME KENNEY, CRANE H. NIME KENNEY, CRANE H. NIME KENNEY, BRIGID E. STREET ADDRESS 4.35 N. MICHIGAN AVENUE STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME LANDON, TIMOTHY J. NIME LANDON, TIMOTHY J. NIME LANDON, TIMOTHY J. NIME LANDON, TIMOTHY J. NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE AS NIME HIANIK, MARK W. NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME LANDON, TIMOTHY J. STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE NIME STREET ADDRESS CITY-ST-2P CHICAGO, IL 60611 TITLE SD NIME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NIME				USA		<u> </u>	eo Fee	Required
CORPORATION STRUICE COMPANY Struct Address (PO Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL 6. 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 and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and sible if applicable. (NOTE: Registered Agent signature required when reinstating) Area deed up to 156.000 After May 1, Fee is \$150.000 After May 1, Fee is \$50.000 Area deed up to 156.000 Area	DO NOT	WRITE IN THI	S SPACE		Name	7. Name and Address of Curre	nt Registered Age	ent
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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 and accorpt the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Anter May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended USR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE PD NAME HILLER, DAVID D, SIREET ADDRESS 104/30/03-01121-003 TILE SD TILE STREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE NAME SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE NAME SIREET ADDRESS TILE A35 N. MICHIGAN AVENUE SIREET ADDRESS CHICAGO, IL 60611 TILE NAME LANDON, TIMOTHY J. NAME SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE AS NAME HIANIK, MARK W. SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE AS NAME HIANIK, MARK W. SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE AS NAME HIANIK, MARK W. SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE AS NAME SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE AS NAME SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE AS NAME SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY - ST - ZP CHICAGO, IL 60611 TILE NAME SIREET ADDRESS S			* * * * * * * * * * * * * * * * * * *				table) 	
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3. 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 and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, Fee is \$155.00 After May 1, Fee is \$55.00. After May 1				-				p Code
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