CHIO 103 N. MERIDIAN STREET. LOWER LEVEL TALLAHASSÉE, FL 00000002365 FILING COVER SI ACCT. #FCA-14 CONTACT: CINDY HICKS DATE: **REF. #:** CORP. NAME: () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLU) ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY) REINSTATEMENT () MERGER () WITHDRAWAL) CERTIFICATE OF CANCELLATION () UCC-1 () UCC-3) OTHER: STATE FEES PREPAID WITH CHECK# AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: PLEASE RETURN: () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAN REGISTER A F	ANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWI SPOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE	NG IS SUBMITTED TO
1 Federal Sign		7.0
(Name of corp words or abbre	orporation; must include the word "INCORPORATED", "COMPANY", "CORPO breviations of like import in language as will clearly indicate that it is a corporation on or partnership if not so contained in the name at present.)	on instead of a
2. Delaware	3. 36-4353084	if applicable)
(State or countr	untry under the law of which it is incorporated) (FEI number,	if applicable)
4. February 25,	25, 2000 5. perpetual	2
(Da	(Date of incorporation) (Duration: Year corp. will cease to	exist or "perpetual")
6. upon qualific		and the second s
(Date fire	first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 8	17.155, F.S.)
7. 7501 S. Quin	uincy Drive, Willowbrook, IL. 60521	
	(Current mailing address)	-
P. Name and st Name:	ose(s) of corporation authorized in home state or country to be carried out in state street address of Florida registered agent: (P.O. Box or Mail Drop Bo NRAI Services, Inc. 526 East Park Avenue	
	Tallahassee Florida 32301	
	, Florida, 32301 (Zip code)	-
10. Registered	ed agent's acceptance:	
nts application, I with the provision the obligations of	amed as registered agent and to accept service of process for the above stated contents, I hereby accept the appointment as registered agent and agree to act in this case ions of all statutes relative to the proper and complete performance of my duties of my position as registered agent. NRAI Services, inc. (Registered agent's signature) by: C. Baclet, Vice President a certificate of existence duly authenticated, not more than 90 days prior to delive State, by the Secretary of State or other official having custody of corporate record reporated.	pacity. I further agree to comply , and I am familiar with and accept

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: SEE ATTACHED Address: _ Vice Chairman: Address: Director: Address: Address: _ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: SEE ATTACHED Address: Vice President: Address: Secretary: _ Address: __ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Kim Wehrenberg, Vice President (Typed or printed name and capacity of person signing application)

LIST OF OFFICERS

Joseph J. Ross (330-38-1549) President

1415 West 22nd Street, Suite 1100 Bus.

Oak Brook, IL 60523

Home 415 E. Gartner

Naperville, IL 60540

(333-44-4734)

Secretary

Kim A. Wehrenberg Vice President/ Bus. 1415 West 22nd Street, Suite 1100

Oak Brook, IL 60523

Home 538 Braemar

Naperville, IL 60563

John DeLeonardis (346-42-6617)

Asst. Secretary

Vice President/ Bus. 1415 West 22nd Street, Suite 1100

Oak Brook, IL 60523 Home 1645 Sequoia Trail

Glenview, IL 60025

LIST OF DIRECTORS

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