2003 FOR PROFIT CORPORATION

"UNIFORM BUSINESS REPORT (UBR) F00000003725 **DOCUMENT #**



FILED Apr 21, 2003 8:00 am Secretary of State

1. Entity Nam ERP-QRS	GREENGATE, INC.				04-21-2003 9	1211 010 ***15	0.00	
TWO NORTH RIVERSIDE PLAZA. SUITE 400 TWO NO ATTN: L. CURRIE ATTN: L.		Mailing Address TWO NORTH RIVERSIDE PI ATTN: L. CURRIE CHICAGO IL 60606	wo north riverside plaza, suite 400 ttn: L. Currie					
2. Principal P	lace of Business	3. Mailing Address	1 0	. !	## 1111 ##111 # #111 ##111 ##111 #	711)	11001 0111 1001	
Suite, Apt. #, etc. Suit		JWD /V. 7\1\10			TECHECK HERE IF MAKING CHANGES			
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Zip	Country	Zip,	Country	5. Certificat	e of Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent	 	∼ 7. Name an	d Address of New Reg	·		
			Name	0	0 ()	· Such		
LEXIS DOCUMENT SERVICES INC.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
3953 W.W. KELLEY ROAD			Ollest Addit	saa (1.0. box ridino	(C) (S) ((O) ((O) (O) ((O) ((O) ((O) ((O)		7	
TALLAHAS	SSEE FL 32311		120	15 5 3	Pive Ici	Jane & K		
			City	01	10-4-1	FL Zip Cod	e 2//	
8. The above	named entity submits this statement fo	or the purpose of changing its r	egistered office or rea	istered agent, or bo	oth, in the State of Florid		and accept	
	ions of registered agent.	and purpose of strainging to t	-9				·	
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SIGNATURE .	<u> </u>					DATE		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)		DATE		
ş Fi After	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		Registered Agent signature re	9. E	lection Campaign Finan	cing \$5.0	00 May Be	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TRAGER, MARK

CHICAGO IL 60606

TWO NORTH RIVERSIDE PLAZA, SUITE 400

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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☐ Addition