2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1/2003-90045-022-$150.00-$150.00

DOCUMENT # F00000003726

1. Entity Name
ERP-QRS AMBERGATE, INC.

FILED
03 APR 18 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4377275 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd
City: Plantation FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Christine M. Eastwing, Sr. Corp. Secretary 4/16/03
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in addition to officer signature) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VAS ☐ Delete NAME BAGINSKI, WENDY STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO IL 60606		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VAS ☐ Delete NAME DUWE, YASMINA STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO IL 60606		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VAS ☐ Delete NAME MATZ, JANE STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO IL 60606		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V ☐ Delete NAME PARRELL, MARK STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO IL 60606		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VAS ☐ Delete NAME RENCH, JENNIFER STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO IL 60606		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S ☐ Delete NAME CURRLE, LISA STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO IL 60606		TITLE S ☒ Change ☐ Addition NAME Barbara Shuman STREET ADDRESS Two N. Riverside Plza CITY-ST-ZIP Chgo, IL 60606	

CR2E034 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED Barbara Shuman Secretary 3/24/03 312-474-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #