2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # F00000003726

1. Entity Name
ERP-QRS AMBERGATE, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311	Name: C T 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: [signature] Christine M. Eastwine, Asst. Secretary DATE: 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

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] SIGNATURE REQUIRED Barbara Shuman 3/24/03 312-474-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #