DOCUMENT # F0000003727  1. Entity Name						p al				
ERP-QRS	OAKLAND HILLS, INC.					FILE	D			
Principal Plac TWO NORTH   CHICAGO IL 6	riverside plaza. Suité 400	CHICAGO IL 60606	TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606			O1 JUL 17 AM 8:39 SECRETARY OF STATE TALLAMASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address				RIE						
·		3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc						DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	City & State			APPLIED FOR	, <u>, ,</u>	plied For t Applicable		
Zip Country Zip		Zip	Country		5.	i. Certificate of Status Desired	\$8.75 Add Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
LEXIS DOCUMENT SERVICES INC.										
3953 W.W. KELLEY ROAD				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32311										
				City FL Zip Code						
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or reg	gistered a	agent, or both, in the State of Florida.				
SIGNATURE.										
SIGNATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	equired whe	on reinstating) DAT	E			
9. This corpo Tax filing r (See criter	After September 1	FILE NOW!!! FEE IS \$550.00 eptember 12, 2001 Fee will be \$750.0 Check Payable to Department of Stat			I IIUSI FUNDI COMUNDURAN. 🗀 ANDRO 10 FRAS II					
11.	OFFICERS AND	DIRECTORS	12.		,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BAGINSKI, WENDY TWO NORTH RIVERSIDE PLAZA, CHICAGO IL 60606	□ Delete SUITE 400					☐ Change	Addition		
TITLE	VAS	☐ Delete	TITLE	<u> </u>			Change	Addition		
NAME STREET ADDRESS	DUWE, YASMINA TWO NORTHIRIVERSIDE PLAZA,	SUITE 400	NAM STRE	E ET ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60606		CITY	-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MATZ, JANE TWO NORTH: RIVERSIDE PLAZA, CHICAGO IL 60606	Delete			:	700004483	of r[Et_Chapge	- Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRELL, MARK TWO NORTH RIVERSIDE PLAZA, CHICAGO IL 60606	□ Delete SUITE 400					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RENCH, JENNIFER TWO NORTH RIVERSIDE PLAZA, CHICAGO IL 60606	Delete				ΔΔ	Change	Addition		
CITY-ST-ZIP	V TRAGER, MARK TWO NORTH RIVERSIDE PLAZA, CHICAGO IL 60606		CITY	E ET ADDRESS -ST-ZIP			Change	Addition		
13. I hereby o	certify that the information supplied with	n this filing does not qualify for	r the exe	mption stated	ın Sectio	on 119.07(3)(i), Florida Statutes. I further in legal effect as if made under eath; that	certify that the in	tormation		

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 11 or Block 12 if changed, or on an attachment with an address, without like empowered.

**SIGNATURE:** 

ିର୍ଥ୍0୍ UNIFORM BUSINESS REPORT (UBR)

CR2E034 (5/01)

ACCOUNT FILING COVER SHEET BOZALZ

ACCOUNT HUHDER: FCA 00000005
легененсе: <u>2029543</u> (sub Account)
DATE: 7-16-01
REQUESTOR HARLI Lexis DOCUMENT Services
ADDRESS:
· B. · · · · · · · · · · · · · · · · · ·
TELEPHONEL () ()
CONTACT NAME:
CORPORTITION NAME: ERP-QRS Oakland Hills, Inc.
DOUMENT MUNDEM: A File Annual Report
THORIZATION: Cynthin J. Woodyard
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLATH STAMPED COPY
) Call When Ready ( ) Call if Problem . ( .) After 4:30 ) Walk In ( ) Will Walk ( ) Pich: Up
PECLIVED  DEPARTMENT OF STATE  2001 JUL 17 PM 3: 36  SUFFICIENCY OF FILING