2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # F00000004521 1. Entity Name 05-27-2002 90369 042 ***150.00 CORSOLUTIONS INC. Principal Place of Business Mailing Address 1371-A ABBOTT COURT 1371-A ABBOTT COURT **BUFFALO GROVE IL 60089 BUFFALO GROVE IL 60089** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2776413 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) •9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🔀 Delete TITLE Addition Change VANCE, RICHARD NAME SMITH, L. PETER NAME STREET ADDRESS 13714 ABBOTT CT 1371-A ABBOTT COURT STREET ADDRESS CITY-ST-ZIP 60089 **BUFFALO GROVE IL 60089** BUPFALO GROVE, IL CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME BRADY, R. THOMAS NAME STREET ADDRESS 1371A ABBOTT CT STREET ADDRESS CITY-ST-ZIP **BUFFALO GROVE IL 60089** CITY-ST-ZIP ☐ Delete TITLE Change Addition THOMAS ... HANNON. NAME NAME ISTIA ABBOTT CT STREET ADDRESS STREET ADDRESS 60089 CITY-ST-ZIP BUFFALO GROVE IL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRES

13. 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 11 or Block 12 if changed, or on an attachment with an accuracy with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BEQUINOMAS HANHON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.02

(800) 345 .6811

Daytime Phone #

CR2E034 (9/01)

Date