FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2004 8:00 am
Secretary of State
06-14-2004 90003 001 ***550.00

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DOCUMENT # F00000004521

1. Entity Name

CORSOLUTIONS INC.

DO NOT WRITE IN THIS SPACE

66433390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9500 West Bryn Mawr Avenue	9500 West Bryn Mawr Avenue
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Rosemont	City & State: Rosemont
Zip: IL / Country: 60018	Zip: IL / Country: 60018

4. FEI Number: 23-2776413 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and Director Richard P. Vance 9500 W. Bryn Mawr Avenue, Ste. 500 Rosemont, IL 60018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President and Secretary Thomas J. Hannon 9500 W. Bryn Mawr Avenue, Ste. 500 Rosemont, IL 60018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Michael Condron 9500 W. Bryn Mawr Avenue, Ste. 500 Rosemont, IL 60018
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 8/25/04 800-343-6311 X2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #