CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am DOCUMENT # Secretary of State F00000006014 1. Entity Name 04-08-2002 90133 001 ***750 00 HEXALON REAL ESTATE, INC. Mailing Address Principal Place of Business 900 N. MICHIGAN AVENUE. STE. 1500 900 N. MICHIGAN AVENUE, STE. 1500 CHICAGO IL 60611 CHICAGO IL 60611 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1297864 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change 1 X Addition TITLE Delete TITLE Vice President NAME NAME LETCHFORD, LEE M Matthew S. Dominski STREET ADDRESS STREET ADDRESS 900 N. MICHIGAN AVENUE, STE. 1500 900 NorMichigan Ste 1500 CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60611 Vice President Addition ☐ Delete TITI F TITLE VD. NAME NAME Adam North Michigan, Ste 1500 WEAVER, DANIEL STREET ADDRESS STREET ADDRESS 900 N. MICHIGAN AVENUE, STE, 1500 Chicago, IL 60611 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAMÉ EGAN, GERALD E STREET ADDRESS STREET ADDRESS 900 N. MICHIGAN AVENUE, STE. 1500 CITY-ST-ZIP CITY-ST-7IP CHICAGO IL 60611 ☐ Delete TITLE Change ☐ Addition TITLE NAME KOSTER. TIM C STREET ADDRESS STREET ADDRESS 900 N. MICHIGAN AVENUE, STE. 1500 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 Addition Delete ☐ Change TITLE NAME HEYSE, THOMAS F STREET ADDRESS STREET ADDRESS 900 N. MICHIGAN AVENUE, STE. 1500 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 ☐ Addition Change · + ₩ Delete TITLE VAS NAME BAIR. SHARON E STREET ADDRESS STREET ADDRESS 900 N. MICHIGAN AVENUE, STE. 1500 CHICAGO IL 60611 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 tristee 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, with all other like empowered.

SIGNATURE:

25/02 312-915-1470 Date Dayline Phone #