4/9/02-90735-020-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000709

1. Entity Name

CLASS 1, INC.

FILED
02 MAY 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

B0061778

2. Principal Place of Business	3. Mailing Address
630 DUNDEE RD.	SAME
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.
City & State: NORTHBROOK, IL	City & State
Zip: 60062 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ 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: CT 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.

SIGNATURE: Connie Bryan X CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 5/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	600005620556--4
NAME	RONALD EWERS	NAME	-05/28/02--01019--020
STREET ADDRESS	607 N.W. 27th AVE.	STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	OCALA, FL 34475	CITY-ST-ZIP	
TITLE	VP - SECRETARY	TITLE	
NAME	FRANK J. NOTARO	NAME	
STREET ADDRESS	630 DUNDEE RD., SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK, IL 60062	CITY-ST-ZIP	
TITLE	VP - TREASURER	TITLE	
NAME	DOUGLAS C. LENNOX	NAME	
STREET ADDRESS	630 DUNDEE RD., SUITE 400	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	NORTHBROOK, IL 60062	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: D. C. LENNOX, VP 3/28/02 847-205-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #