2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# F01000001358

Entity Name: BLACK TIE EVENT SERVICES, INC

Current Principal Place of Business:

225 LAGRANGE ROAD
FRANKFORT, IL 60423

New Principal Place of Business:

21730 S LAGRANGE RD
FRANKFORT, IL 60423

Current Mailing Address:

225 LAGRANGE ROAD
FRANKFORT, IL 60423

New Mailing Address:

FEI Number: 36-4253190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MEEGAN, PHILLIP K
Address: 21730 S LAGRANGE RD
City-St-Zip: FRANKFORT, IL 60423

Title: DIR
Name: MCENERY, WILLIAM J
Address: 21730 S LAGRANGE RD
City-St-Zip: FRANKFORT, IL 60423

Title: TREA
Name: MEEGAN, PHILLIP K
Address: 21730 S LAGRANGE RD
City-St-Zip: FRANKFORT, IL 60423

Title: SEC
Name: MCENERY, WILLIAM J
Address: 21730 S LAGRANGE RD
City-St-Zip: FRANKFORT, IL 60423

Title: DIR
Name: MEEGAN, PHILLIP K DIRECTO
Address: 21730 S LAGRANGE RD
City-St-Zip: FRANKFORT, IL 60423

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP K MEEGAN PRES 02/25/2011

Electronic Signature of Signing Officer or Director — Date