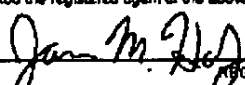
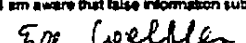


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000004364					
1. Corporation Name CFE Holdings, Inc.					
2. Principal Office Address - No P.O. Box # 270 Park Avenue Suite, Apt. #, etc.			3. Mailing Office Address 270 Park Avenue Suite, Apt. #, etc.		
City & State New York, NY			City & State New York, NY		
Zip 10017	Country United States	Zip 10017	Country United States	4. Date Incorporated or Qualified To Do Business in Florida 08/17/2001	
				5. FEI Number 13-3928039	Applied For NOT APPLICABLE
				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
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.					
Suite, Apt. #, etc.					
City Plantation				State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 				Date 12/18/14	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
	See Attachment				
10. E-mail Address: <u>eva.loeffler@ipmchase.com</u>					
(To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE:  Eva Loeffler				12/18/14 312-732-1874	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CFE HOLDINGS, INC.

Directors and Officers

Name:

Phillip D. Martin
Director and President

Anthony J. Horan
Senior Vice President and Assistant Secretary

Colleen A. Meade
Executive Director and Secretary

Christine N. Bannerman
Vice President and Assistant Secretary

Marcela Castro
Vice President & Assistant Secretary

Jane E. Omdahl
Vice President

Billie J. Prue
Vice President

Lanora J. White
Treasurer

Eva Loeffler
Assistant Secretary

Nikita Mehta
Assistant Secretary

Address:

10 South Dearborn
Chicago, IL 60603

270 Park Avenue
New York, NY 10017

4 Chase Metrotech Center
Brooklyn, NY 11245

4 Chase Metrotech Center
Brooklyn, NY 11245

4 Chase Metrotech Center
Brooklyn, NY 11245

277 Park Avenue
New York, NY 10172

277 Park Avenue
New York, NY 10172

14800 Frye Rd.
Fort Worth, TX 76155

10 South Dearborn
Chicago, IL 60603

4 Chase Metrotech Center
Brooklyn, NY 11245

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Division of Corporations

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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
CFE HOLDINGS, INC.**

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