2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2006 8:00 am Secretary of State DOCUMENT # F02000001180 05-03-2006 90202 014 ***150.00 1. Entity Name PRGP CORP. 4 0.000 1 Principal Place of Business Mailing Address ZOO WEST MADISON STREET/37TH FLOOR 200 WEST MADISON/STREET,/37/TH/FLOOR/ CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business 3. Mailing Address 71 South Wacker Drive 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor Suite, Apt. #, etc. CR2E034 (11/05) 04132006 Chg-P 47th Floor City & State City & State Applied For 4. FEI Number Chicago, Illinois 36-4472983 Not Applicable Chicago, Illinois Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 60606 60606 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change □ Addition PRITZKER, PENNY NAME NAME 200 WEST MADISON STREET, STTYYTYOOR STREET ADDRESS STREET ADDRESS 71 South Wacker Drive, 47th Floor CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP Chicago, Illinois 60606 VSD TITLE □ Delete TITLE XX Change ☐ Addition POORMAN, JOHN K NAME NAME 200 INFST MADISON STREET, STTHT499R STREET ADDRESS STREET ADDRESS 71 South Wacker Drive, 47th Floor CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP Chicago, Illinois 60606 VTD TITLE Delete TITLE XX Change ☐ Addition NAME COHEN, ROBBIN NAMÉ 200 WEST MADISON STREET / 37/TH FLOOR 71 South Wacker Drive, 47th Floor STREET ADDRESS STREET ADDRESS Chicago, Illinois 60606 CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE TITLE ☐ Delete X Change ☐ Addition NAME LYNCH, KEVIN D NAME /200/West/Madison/styriet/37/VH floor STREET ADDRESS STREET ADDRESS 71 South Wacker Drive, 47th Floor CHICAGO, IL 60606 CITY-ST-7/P CITY-ST-ZIP Chicago, Illinois 60606 TITLE AT Detete TITLE x Change Addition CLELAND, JENNIFER K NAME STREET ADDRESS 200/W/MADISON/SV./35TH FLOOR STREET ADDRESS 71 South Wacker Drive, 47th Floor CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP Chicago, Illinois 60606 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

4/12/06

312-873-4900

Davtime Phone #

John Kevin Poorman, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATTACHMENT 2006 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # F02000001180** 1. Entity Name PRGP CORP. Principal Place of Business Mailing Address 0080763 200,WEST-MADISONLSTREET, 37TH FLOOR 200 WEST MADISON STREET, 37TH FLOOR CHICAGÓ HE 60606 CHICAGO, IL 60606 2. Principal Place of Business 3. Mailing Address South 1 Mt220C backer DIN Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) ユャハ City & State 4. FEI Number Applied For City & State Illinoi 36-4472983 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. President & Chief Executives and DIRECTOR Penny Pritz Ver DISCOUNT HOLDS PD TITLE TITLE **25**-Delete South wacker Drive, 47th Floor PRITZKER, PENNY NAME NAME 200 WEST MADISON STREET, 37TH FLOOR STREET ADDRESS STREET ADDRESS hicago itllinois CITY - ST - ZIP CHICAGO, IL 60606 CITY-ST-ZIP Vise President John Kevin Pourman Change Addition VSD Delete TITLE AI South Walker Drive, 4717 Floor POORMAN, JOHN K NAME 200 WEST MADISON STREET, 37TH FLOOR STREET ADDRESS STREET ADDRESS Chicago, Illinois 60606 Vice Resident Rubbin Cohen CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP ■ Addition Delete TITLE TITLE 71 South wacker Draw, 47th Floor COHEN, ROBBIN NAME NAME STREET ADDRESS 200 WEST MADISON STREET, 37TH FLOOR STREET ADDRESS hicago, Illinois 60606 City-ST-7IP CITY-ST-ZIP CHICAGO, IL 60606 Vice President Dichange Di Kevin Lynch 71 South wacker Orme, 47th Floor Delete TITLE TITLE LYNCH, KEVIN D NAME 200 WEST MADISON STREET, 37TH FLOOR STREET ADDRESS STREET ADDRESS hicago, 17 Linas 60606 CiTY-ST-ZiP CHICAGO, IL 60606 CITY-ST-ZIP Jenniger Clelandurer Delete. TITLE South Wacker Drive, 47 infloor NAME CLELAND, JENNIFER K NAME STREET ADDRESS STREET ADDRESS 200 W MADISON ST., 35TH FLOOR Tlingis 60606 CHICAGO, IL 60606 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if

JOX MWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE:

resident