2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90239 018 ***150.00

DOCUMENT # F02000004158

1. Entity Name
FMI MARKETING INC.

Principal Place of Business	Mailing Address
640 N. LASALLE STREET, #640 CHICAGO, IL 60610	640 N. LASALLE STREET, #640 CHICAGO, IL 60610

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
250 S. Wacker DR.	979 Batesville Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. TAX Department
City & State: Chicago, IL	City & State: GREER SC
Zip: 60606 Country: USA	Zip: 29651 Country: USA

4. FEI Number 36-3936933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 _____
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO MALLMANN, JEANENE M ~~640 N. LASALLE STREET, #640~~ 250 S Wacker DR CHICAGO, IL ~~60610~~ 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer William R. ARMSTRONG 979 Batesville Rd GREER SC 29651	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FAULKNER, DUANE H 979 BATESVILLE ROAD GREER, SC 29651	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DONAHUE, PAT ~~640 N LASALLE STREET, #640~~ 250 S. Wacker Dr CHICAGO, IL ~~60610~~ 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~DOUGLAS, RANDY~~ ~~640 N. LASALLE STREET, #640~~ ~~CHICAGO, IL 60610~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, LINDA M 250 S. Wacker DR. ~~640 N. LASALLE STREET, #640~~ CHICAGO, IL ~~60610~~ 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBINS, R. STEVEN 979 Batesville Rd ~~640 N. LASALLE STREET, #640~~ ~~CHICAGO, IL 60610~~ GREER SC 29651	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E084 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William R. Armstrong 4/17/03 (864) 281-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #