2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # F04000002307 1. Entity Name LFC CAPITAL, INC. Principal Place of Business Mailing Address 303 E. WACKER DRIVE 303 E. WACKER DRIVE -SUITE 250 SUITE 250 CHICAGO, IL 60601 CHICAGO, IL 60601 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3972918 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be 1 FILÉ NOW!!! FEE IS \$150.00 14 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE ZIMMERMAN, MARTIN E. NAME STREET ADDRESS 303 E. WACKER DRIVE, SUITE 250 CITY+ST-ZIP CHICAGO, IL 60601 TITLE DYCKMAN, REBECCA S. NAME STREET ADDRESS 303 E. WACKER DRIVE, SUITE 250 CITY-ST-ZIP CHICAGO, IL 60601 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE * NAME STREET ADDRESS CITY+ST-ZIP DILE NAME

12. Thereby 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

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP "

PED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN E. ZIMMERUMN

FILED