2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004317

Entity Name: ACG SOUTH FLORIDA, INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 616 N. NORTH COURT SUITE 210 PALATINE, IL 60067 **New Mailing Address: Current Mailing Address:** 70 W. MADISON ST. **SUITE 3500** CHICAGO, IL 60602 FEI Number: 20-3185949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LYONS, SEAN T Name: Name: 3601 SW 160TH AVENUE, STE. 200 Address: Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition VANDENBERG, CHIP Name: Name: Address: 2665 S. BAYSHORE DR., 8TH FL. Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: VPD () Delete Title: () Change () Addition DONNELLY, MICHAEL J Name: Name: Address: 1000 W. MCNAB RD. Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: MEUSER, KEN Name: 2700 S. COMMERCE PKWY, #300 Address: Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: **VPSD** () Delete Title: (X) Change () Addition WOOD, MARY DAVIDSON, JIM Name: Name: 1395 BRICKELL AVENUE, 9TH FLOOR 1619 SEABREEZE BLVD. Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33316 City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change () Addition BRIGHTON, ROBERT C Name: Name: Address: 200 E. BROWARD BLVD. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES T. EASTERLING MR. 04/14/2008

FT. LAUDERDALE, FL 33301

City-St-Zip: