2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# F05000006359

Entity Name: DONLEN CORPORATION

Current Principal Place of Business:

2315 SANDERS ROAD
NORTHBROOK, IL 60062

New Principal Place of Business:

Current Mailing Address:

2315 SANDERS ROAD
NORTHBROOK, IL 60062

New Mailing Address:

FEI Number: 36-2552662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: RAPPEPORT, DONALD L
Address: 2315 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: DPT ( ) Delete
Name: RAPPEPORT, GARY
Address: 2315 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: DS ( ) Delete
Name: LIACE, NANCY DUDLEY
Address: 2315 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: CFO ( ) Delete
Name: BEIRNE, ANTHONY O'BOYL
Address: 2315 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VP ( ) Delete
Name: HILDER, PAUL
Address: 2315 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: MANFRED, MICHAEL
Address: 2315 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVP ( ) Change (X) Addition
Name: CALLAHAN, THOMAS
Address: 2315 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP J. LAZICKI VP 02/12/2009

Electronic Signature of Signing Officer or Director — Date