

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002875

Entity Name: ERP-QRS SWN LINE, INC.

FILED
Mar 10, 2011
Secretary of State

Current Principal Place of Business:

2 NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

2 NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-3907752

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

OFFICERS AND DIRECTORS:

Title: PD
Name: NEITHERCUT, DAVID J
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: S
Name: LAPELLE, MICHELLE
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: VD
Name: PARRELL, MARK J
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: VD
Name: STROHM, BRUCE C
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: BERDELLE, DEDE
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: FENSTER, SCOTT
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE LAPELLE

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03/10/2011

Electronic Signature of Signing Officer or Director

Date