2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # F93000002124 1. Entity Name CBNP, INC. 04-26-2000 90203 008 ***150.00 Principal Place of Business Mailing Address 200 NORTH LASALLE ST. 200 NORTH LASALLE ST. **SUITE 2100** SUITE 2100 CHICAGO IL 80601-1026 CHICAGO IL 80601 2. Principal Place of Business. 3. Mailing Address 233 N. Michigan Ave. 233 Na Michigan Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 1720 Ste. 1720 City & State City & State 4. FEI Number Applied For 36-3524180 Chicago, IL Chicago, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 60601 60601 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAROLLO, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2100 A TRADE CENTER WAY NAPLES FL 33942 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Detete BRANDWEIN, RICHARD E NAME STREET ADDRESS 200 N. LASALLE ST., STE. 2100 STREET ADDRESS 233 N. Michigan Ave., Ste. 1720 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 Chicago, IL 60601 ☐ Addition DVPS ☐ Delete TITLE ☐ Change CAROLLO, THOMAS NAME NAME 2100 A TRADE CENTER WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 33942 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if

FILED