PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 FEB 4 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002371

1. Corporation Name

STORCK NORTH AMERICA COMPANY

REINSTATEMENT 02-08

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
325 N. LaSalle St.		325 N. LaSalle St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Chicago, IL		Chicago, IL	
Zip	Country	Zip	Country
60610	USA	60610	USA

4. Date Incorporated or Qualified To Do Business In Florida 05/20/1993

5. FEI Number 362931430 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jill Duffy-Baricovich — REGISTERED AGENT MUST SIGN

Jill Duffy-Baricovich
Assistant Secretary

Date 2-4-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Liam Killeen	805 Park Ave.	Wilmette, IL 60091
VP	Tony Nelson	415 Prairie Knoll	Naperville, IL 60565
Dir	Klaus Oberweiland	325 N. LaSalle St., Suite 400	Chicago, IL 60610

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Andrew Ruttgers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 — Date

312-494-5108 — Daytime Phone #

FL810 - 1/13/07 C T System Online

2852

Florida Department of State
Division of Corporations
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2/4/08

CORPORATION REINSTATEMENT

STORCK NORTH AMERICA COMPANY

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