2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F93000002371

FILED Jul 14, 2009 Secretary of State

Entity Nai	me: STORC	K NORTH AMERICA COMPAN	(-	
Current Principal Place of Business:			New Principal Place of Business:			
	SALLE ST., S , IL 60654	TE. 400 US				
Current Mailing Address:			New Mailing Address:			
	SALLE ST., S , IL 60654	TE. 400 US				
FEI Number: 36-2977025 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and	l Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU	PORATION S TH PINE ISL ION, FL 3332	AND ROAD				
	named entity of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	onic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	RALF 325 N. LASAI		Title: Name: Address: City-St-Zip:	P HILPUESCH, 325 N. LASA CHICAGO, IL	LLE #400	
Title: Name:	V (ANDREW) Delete	Title: Name:	V RUTTGERS,	(X) Change()Addition ANDREW	

Address: 325 N. LASALLE #400 Address: 325 N. LASALLE #400 CHICAGO, IL 60654 US CHICAGO, IL 60654 US City-St-Zip: City-St-Zip: Title: Title: D () Delete (X) Change () Addition Name: **AXEL** Name: OBERWELLAND, AXEL Address: 325 N. LASALLE ST., STE. 400 CHICAGO IL 60 Address: 325 N. LASALLE ST., STE. 400 CHICAGO IL 60 City-St-Zip: CHICAGO, IL 60654 US City-St-Zip: CHICAGO, IL 60654 US Title: () Delete Title: () Change () Addition ZINK, MICHAEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RALF HILPUESCH Ρ 07/14/2009

325 N. LASALLE ST., STE. 400

CHICAGO, IL 60654 US

Address:

City-St-Zip: