2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005336 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** SEVEN WORLDWIDE, INC. 01-24-2000 90023 017 ***150.00 Principal Place of Business Mailing Address 233 N. MICHIGAN AVE. SUITE 420 233 N. MICHIGAN AVE. SUITE 420 CHICAGO IL 60601-5516 CHICAGO IL 60601-5519 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FFI Number City & State 36-3620302 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President Derek Ashler ☐ Delete TITLE Change Addition TITLE ASHLEY, DEREK NAME NAME 233 N. Michigan Are Ste 420 STREET ADDRESS 200 EAST OHIO ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 VPST ☐ Addition ☐ Delete TITLE TITLE TESTOLIN, Anthony G. TESZOLIN, ANTHONY L NAME NAME 233 N. Michigan Are Ste 420 200 EAST OHIO ST. STREET ADDRESS STREET ADDRESS CHICAGO IL 60611 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete. TITLE TITLE TESTOLIN, ANTHONY G NAME NAME 200 EAST OHIO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHICAGO IL 60611 CITY-ST-ZIP Assistant Secretary 1 Change Olinski Lyndon She 420 233 N. Michigan Ave. She 420 ☐ Addition ☐ Delete TITLE TITLE OLINSKI, LYNDA NAME NAME STREET ADDRESS 200 EAST OHIO ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 Addition U.P. C.I.O. ☐ Delete TIT) F TITLE SAFRAN DANIEL J. NAME NAME 233 N. Michiga Aus. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP icyo 11 60601 Addition TITLE ☐ Change TITLE ☐ Delete Pres. Operations NAME NAME STREET ADDRESS STREET ADDRESS 233 N. Michigan Are.

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6,2000

312-616-7227

Daytime Phone #