changed, or on an attact

SIGNATURE: \_

ment with an address, with all other #ke empowered.

MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT # F9400000 368 Secretary of State CDW REALCO, INC 05-22-2001 90038 005 \*\*\*150.00 Principal Place of Business. Mailing Address FOUR STATION SQUARE FOUR STATION SQUARE COMMERCE COURT COMMERCE COURT PITTEBURGH & 15219 769996 PITTSBURGH PA 15219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 25-1724997 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FR 33324 Zip Code 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 DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . (See criteria on back) \_ Make: Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition P (EO I ☐ Delete HALEY ROY W COMMERCE COURT SUITE 700 PITTEBURGH A 15219 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE VPT ☐ Delete TITLE Change VAN OSS, STEPHEN A COMMERCE COURT SUITE 700 NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH A 15219 JGL ☐ Delete ☐ Change Addition TITLE TITLE NAME Brailer, Dayiel A. NAME STREET ADDRESS STREET ADDRESS COMMERCE COURT SUITE 700 PATTSBURGH FA 15219 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME MAME MEHTA JAMES N. SUITE 700 STREET ADDRESS STREET ADDRESS OMMERCE COURT CITY-ST-ZIP CITY-ST-ZIE tiftsbur (a Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 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