FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State **DOCUMENT #** F94000001446 1. Entity Name 05-01-2002 91588 024 ***150.00 BERKELY AGENCY, LTD., INC. Principal Place of Business Mailing Address 123 NORTH WACKER DRIVE P.O. BOX 8264 -BOURKOL. CHICAGO IL 60606 CHICAGO IL 60680 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For rica 11-2391503 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME AIGOTTI, DIANE NAME **ALL OFFICERS & DIRECTORS ARE** STREET ADDRESS 123 NORTH WACKER DRIVE STREET ADDRESS LOCATED AT: CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP 200 E. RANDOLPH ST., 4TH FLOOR TITLE TITLE CHICAGO, IL 60601 ☐ Addition NAME KAVAN, WILLIAM C NAME (No change STREET ADDRESS 117 BRIXTON ROAD STREET ADDRESS CITY-ST-ZIP GARDEN CITY NY CITY-ST-7IP Addition= - Ghange NAME JESCNKE, ARLENE NAME Arlene Jeschke STREET ADDRESS 123 N WACKER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 TITLE ☐ Delete TITLE Change ☐ Addition NAME RICE, MICHAEL NAME STREET ADDRESS 123 N WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP Director Kerin P. Garvin TITLE Delete TITLE Change Addition NAME NAME RICE, MICHAEL D STREET ADDRESS 123 NORTH WACKER DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL TITLE Vice President-Tax Change Verome I. Baer ☐ Delete TITLE Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF