2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# F94000002234

Entity Name: NEOCOMM OF DELAWARE, INC.

Current Principal Place of Business:

633 NORTH ORANGE AVE
ORLANDO, FL 328011349

New Principal Place of Business:

Current Mailing Address:

435 N. MICHIGAN AVE.
SUITE #600
CHICAGO, IL 606114001 US

New Mailing Address:

FEI Number: 59-3227208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD
Name: ELDERSVELD, DAVID P
Address: 435 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: P
Name: GREENBERG, HOWARD
Address: 633 N ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: VP
Name: KHAHAIFA, AVIDO
Address: 633 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: AT
Name: SHANAHAN, PATRICK M
Address: 435 N MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: T
Name: BROWN, THOMAS
Address: 633 NORTH ORANGE AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: D
Name: KAZAN, DANIEL G
Address: 435 N MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

I hereby 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 all other like empowered.

SIGNATURE: DAVID P. ELDERSVELD SD 04/26/2012

Electronic Signature of Signing Officer or Director — Date