2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # F9400003142 -USC BRANDON, INC. -28-2001 90050 012 ***150.00 Principal Place of Business Mailing Address 900 NORTH MICHIGAN AVENUE 900 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1575 CHICAGO IL 60611-1575 923989 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3959335 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) 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. AS CR2E034 (10/00) Addition TITLE ☐ Delete TITLE Ice H. Letchford SCHWARTZ, KIM NAME NAME a00 N. Michigan Pu. STREET ADDRESS 900 NORTH MICHIGAN AVENUE STREET ADDRESS chicago IL 100 CITY-ST-7IP CITY-ST-ZIP CHICAGO IL ☐ Delete Change Addition TITLE TITLE sarriel Weaver Dominski, matthew s NAME NAME STREET ADDRESS 900 NORTH MICHIGAN AVENUE STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60611 CITY-ST-ZIP SVPS Change M Addition ☐ Delete TITLE HILBORN, MICHAEL Kosta NAME NAME 100 D. Hichigan STREET ADDRESS 900 NORTH MICHIGAN AVENUE STREET ADDRESS nicaco CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL **TKE**VP ☐ Delete Change **▼** Addition TITLE TITLE Metz. Adam NAME Berald Egan 900 N. Wienigan f STREET ADDRESS STREET ADDRESS 900 NORTH MICHIGAN AVENUE CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 🛛 Delete TITLE TITLE Change Addition NAME BLUHM, NEIL G NAME STREET ADDRESS STREET ADDRESS 900 NORTH MICHIGAN AVENUE CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 🕻 Delete Change ☐ Addition TITLE TITLE NAME MALKIN, JUDD D NAME STREET ADDRESS STREET ADDRESS 900 NORTH MICHIGAN AVENUE 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