2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000004381

Entity Name: TOMBER CORPORATION

FILED May 04, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
111 S WA	I S. SHAPIRA CKER DR 440 , IL 60606441			
Current Mailing Address:			New Mailing Address:	
111 S WA	I S. SHAPIRA CKER DR 440 , IL 60606441			
FEI Number:	: 36-3616513	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD		
	named entity of Florida	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE: CT CORI	PORATION SYSTEM		
	Electror	nic Signature of Registered Ag	ent	Date
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SHAPIRA, JOH 560 LYMAN CO HIGHLAND PAI	DURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD (SHOEMAKER, 3500 LAWSON GLENVIEW, IL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () CATALDO, JAC 111 S. WACKE CHICAGO, IL (R DR., 4400	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (GOLDIN, EMIL 188 SHERIDAN HIGHLAND PAI	I RD	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN S. SHAPIRA PRES 05/04/2009