2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 11, 2003 8:00 am Secretary of State		
1. Entity Nan	je	0005216				Secretary of State 04-11-2003 90224 020 ***150.00	
CARDINA	L REALTY COMPANY OF	OHO 					
	e of Business ANA PARKWAY IG OH 43068	Mailing Address 6954 AMERICANA PARKWAN REYNODSBURG OH 43068	6954 AMERICANA PARKWAY				
Principal Place of Business 3. Mailing Address							
Suite, Apt	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State			4. FEI Number 31-1262096 Applied For Not Applicable		
Zip	Country	Zip	Count	try		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				<u> </u>	7. Name and Address of New Registered Agent		
LEXIS DOCUMENT SERVICES INC.				Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable)			
3953 WW KELLY RD. TALLAHASSEE FL 32311				1200 SOUTH PINE ISLAND ROAD			
				City P	PLANTATION FL Zip Code 33324		
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	. OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE			X Change ☐ Addition	
NAME	STROHM, BRUCE C		NAME			and strongs	
STREET ADDRESS CITY-ST-ZIP	6954 AMÉRICANA PARKWAY REYNOLDSBURG OH 43068			ET ADDRESS -ST-ZIP		NORTH RIVERSIDE PLAZA, SUITE 400 CAGO IL 60606	
TITLE NAME	EVP FOX, LESLIE R	☐ Delete	TITLE		<u> </u>	Change Addition	
STREET ADDRESS CITY-ST-ZIP	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		STRE	ET ADDRESS -ST-ZIP		NORTH RIVERSIDE PLAZA, SUITE 400 CAGO IL 60606	
TITLE NAME	SVP MCHUGH, MICHAEL J	☐ Delete	TITLE	1		Change Addition	
STREET ADDRESS CITY-ST-ZIP	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		STREE	ET ADDRESS -ST-ZIP		NORTH RIVERSIDE PLAZA, SUITE 400 CAGO IL 60606	
TITLE	V	☐ Delete	TITLE		<u> </u>	☐ Change ☐ Addition	
STREET ADDRESS	POTTS, TAMRA L 6954 AMERICANA PARKWAY			ET ADDRESS			
CITY-ST-ZIP	REYNOLDSBURG OH 43068 VD	KX Delete	TITLE	ST-ZIP		☐ Change ☐ Addition	
NAME . STREET ADDRESS	SELID, PAUL R 6954 AMERICANA PARKWAY		NAME STREE	ET ADORESS			
CITY-ST-ZIP	REYNOLDSBURG OH 43068		CITY-	ST-ZIP			
TITLE NAME	VASD RAHAL, YASMINA	☐ Delete	TITLE NAME		DUWI	E, YASMINA K☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	s 6954 AMERICANA PARKWAY		STREE	ET ADDRESS ST-ZIP	TWO	NORTH RIVERSIDE PLAZA, SUITE 400 CAGO IL 60606	
12. 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 10 or Block 11 if							
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							

SIGNATURE:

4/10/03

614-575-5192 Daytime Phone #