FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am DOCUMENT # F9500000001 Secrétary of State 1. Entity Name 07-31-2001 90006 006 ****61.25 RAINBOWS FOR ALL GOD'S CHILDREN, INC. Principal Place of Business Mailing Address 2100 GOLF RD 2100 GOLF RD **STE 370** STE 370 ROLLING MEADOWS IL 60008-4231 ROLLING MEADOWS IL 60008-4231 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 36-3262836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WARE, MAUREEN 8006 BANYAN STREET FT PIERCE FL 34951 Zip Code 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) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (5/01) TITLE ☐ Delete TITLE ☐ Addition NAME MARTA, SUZY Y NAME STREET ADDRESS CR2E037 STREET ADDRESS 1111 TOWER RD. CITY-ST-ZIP CITY-ST-7IP SCHAUMBURG IL 60173 TITI F X Delete TITLE ☐ Change ☐ Addition MARTA, MARTIN NAME NAME SWENSON, MICHAEL D STREET ADDRESS 30 N. LASALLE ST. STREET ADDRESS 1007S WACKER DR CITY-ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP CHICAGO IL 60606 TITLE X Delete TITLE Change X Addition PTACIN, BROGAN NAME NAME ZACCAGNI, RICHARD J STREET ADDRESS 1 TIFFANY POINT, #106 STREET ADDRESS 1901 LANDMEIER CITY-ST-ZIP CITY-ST-ZIP BLOOMINGDALE IL 60108 ELK GROVE VILLAGE IL 60007 TITLE ☐ Change ☐ Addition TITLE Delete D SWENSON, MICHAEL D NAME NAME BEARWALD, RON STREET ADDRESS 100 S WACKER DR. STREET ADDRESS 700 N SCHOENBECK ROAD PROSPECT HEIGHTS IL 60070 CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change Addition NAME GIESE, JAMES NAME STREET ADDRESS STREET ADDRESS 999 PLAZA DRIVE #111 CITY-ST-ZIP CITY-ST-ZIF SCHAUMBURG IL 60173 Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

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

847-952-1770