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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

~~1997~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001569 (1)**

1. Corporate Name
THMN, INC.

Principal Place of Business	Mailing Address
565 LAKEVIEW PARKWAY SUITE 210 VERNON HILLS IL 60061	565 LAKEVIEW PARKWAY SUITE 210 VERNON HILLS IL 60061-1835

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report: 04/22/1996
4. FEI Number: 36-4004323 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYPE	D ☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	LAGERWEY, KEVIN	1.2 NAME	Stephen P. Holmes	
STREET ADDRESS	27271 LAS RAMBLAS	1.3 STREET ADDRESS	6 Sylvan Way	
CITY-ST-ZIP	MISSION VIEJO CA	1.4 CITY-ST-ZIP	Parsippany, NJ 07054	
TYPE	D ☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	MEOLA, ANTHONY T	2.2 NAME	Neil Coleman	
STREET ADDRESS	440 NORTH FAIRWAY DR.	2.3 STREET ADDRESS	227 Maple Ave	
CITY-ST-ZIP	VERNON HILLS IL	2.4 CITY-ST-ZIP	Red Bank, NJ 07701	
TYPE	P ☒ DELETE	3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	ERLING, DONALD K	3.2 NAME	Dennis Mezzo	
STREET ADDRESS	565 LAKEVIEW PKWY., STE 210	3.3 STREET ADDRESS	27271 Las Ramblas	
CITY-ST-ZIP	VERNIN HILLS IL	3.4 CITY-ST-ZIP	Mission Viejo, CA 92691	
TYPE	V ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ULMER, MARK K	4.2 NAME		
STREET ADDRESS	565 LAKEVIEW PKWY., STE 210	4.3 STREET ADDRESS		
CITY-ST-ZIP	VERNON HILLS IL	4.4 CITY-ST-ZIP		
TYPE	VS ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVENPORT, DAVID E.	5.2 NAME		
STREET ADDRESS	565 LAKEVIEW PKWY #210	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERNON HILLS IL	5.4 CITY-ST-ZIP		
TYPE	VT ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CORDERA, TONY M.	6.2 NAME		
STREET ADDRESS	565 LAKEVIEW PKWY SUTE 210	6.3 STREET ADDRESS		
CITY-ST-ZIP	VERNON HILLS IL	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I declare 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David G. Davenport (847) 247-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481871