2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500002537 Feb 03, 2000 8:00 am **Secretary of State** CCLC COMPANY 02-03-2000 90017 010 ***150.00 Principal Place of Business Mailing Address 101 CONVENTION CENTER DRIVE 101 CONVENTION CENTER DRIVE SUITE 850 SUITE 850 LAS VEGAS NV 89109-2003 LAS VEGAS NV 89109 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 88-0320808 Not Applicable \$8.75 Additional Zip Country Country 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 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 lax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **EVT** ☐ Delete TITLE SEXTON, KEVIN W NAME NAME STREET ADDRESS STREET ADDRESS 101 CONVENTION CENTER DRIVE SUITE 850 CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89109 Change ☐ Addition TITLE TITLE NAME DONOVAN, DARIENNE J NAME STREET ADDRESS 101 CONVENTION CENTER DRIVE SUITE 850 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89109 Change ☐ Addition ☐ Delete TITLE TITLE NAME STEPHENSON, NELSON L NAME STREET ADDRESS STREET ADDRESS 101 CONVENTION CENTER DRIVE SUITE 850 CITY-ST-ZIP CITY-ST-ZIE LAS VEGAS NV 89109 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME MILLER, MONTE L 101 CONVENTION CENTER DRIVE SUITE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89109 ☐ Change ☐ Addition □ Delete TITLE n TITLE NAME NAME MILLER, GLEN STREET ADDRESS STREET ADDRESS 200 WEST MADISON STREET CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. Darienne J. Donovan

Vice President

Winne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: