FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90008 028 ***550.00

DOCUMENT # F95000005384

| MARQUISE FINANCIAL SERVICES, INC., DELAWARE CORP ORATION | | | | |
|--|--|----------------------------|---|-----------------------------------|
| Principal Place of Business | Mailing Address | | T (CONTROL TITLO TO TO LETTER DOUGH BUTTER DOUGH BUTTER DOUGH THE TOTAL OF SECUL | |
| DIAMOND PLAZA 222 CHURCH STREET WOODSTOCK IL 60098 | DIAMOND PLAZA 222 CHURCH WOODSTOCK IL 60098 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1995 | |
| 03 | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 36-4045621 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zip | Country | 8. This corporation owes the current year I | |
| 24 25 | 29 | 30 | Personal Property Tax. | Yes No |
| Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 81 Name 82 Street 83 | t Address (P.O. Box Number is Not Acceptable) | |
| | | 84 City | | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 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 | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature of | equired when reinstating) DATE |
|----------------------------|--|-------------------------------|---|
| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAWYER, AUSTIN | 1.2 NAME | |
| STREET ADDRESS | DIAMOND PLAZA, 222 CHURCH STREET | 1.3 STREET ADDRESS | } |
| CITY+ST-ZIP | WOODSTOCK IL 60098 | 1.4 CITY-ST-ZIP | |
| TITLE | T DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | OHERN, EUGENE J JR | 2.2 NAME | |
| STREET ADDRESS | DIAMOND PLAZA 222 CHURCH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WOODSTOCK IL 60098 | 2.4 CITY-ST-ZIP | |
| TITLE | DV DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| -NAME | -PATTERSON, ANN CROWLEY | 3.2 NAME | |
| STREET ADDRESS | DIAMOND PLAZA 222 CHURCH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WOODSTOCK IL 60098 | 3.4. CITY-ST-ZIP | |
| TITLE | V □ DELETE | 4.1 TITLE | DEFFREY OLEKSINSK |
| NAME | OLEWSINSKI, JEFF | 4.2 NAME | DEFFICE OLEKSINSKI |
| STREET ADDRESS | DIAMOND PLAZA 222 CHURCH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WOODSTOCK I; 60098 | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | VP/SECRETARY Change Addition |
| NAME | | 5.2 NAMÉ | JOSEPH 4. SCHORER |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 222 CHURCH ST |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | WOODSTOCK, IL 60098 |
| TITLE | DELETE | 6.1 TITLE | VP/ ASST. SEC. Change Addition RICHARD G. REECE |
| NAME | | 6.2 NAME | RICHARD G. REECE |
| STREET ADDRESS | | 6.3 STREET ADDRESS | aaa Church St |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | W000 STOCK, IL 60098 |

14. I hereby certify that the information supplied with this filling 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 indicated 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, in on an attackment with an address, with all other like empowered.

SIGNATURE:

WOOD' ARE REALCHARDEDG REECE

916/99

(815) 334-1414 Davigne Phone #

R2E034 (11/98)