PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 99

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 29 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

DOCUMENT # F95000005599

1. Corporation Name
USCC PAYROLL CORPORATION

Principal Place of Business	Mailing Address
8410 W. BRYN MAWR AVE SUITE 700 CHICAGO IL 60631	8410 W. BRYN MAWR AVE SUITE 700 CHICAGO IL 60631

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/1995 SP

5. FEI Number: 36-4046814 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NELSON, HD	8410 W. BRYN MAWR AVE., STE 700	CHICAGO IL 60631
VT	MEYERS, KENNETH R	8410 W. BRYN MAWR AVE., STE 700	CHICAGO IL 60631
S	FITZELL, STEPHEN P	ONE FIRST NATIONAL PLAZA	CHICAGO IL 60603
D	CARLSON, LEROY T	30 N LASALLE ST SUITE 4000	CHICAGO IL 60602
V	GOEHRING, RICHARD W	8410 W. BRYN MAWR, SUITE 4000	CHICAGO IL 60631
AS	KROHSE, MARK	8410 W. BRYN MAWR, SUITE 700	CHICAGO IL 60631

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

700003063977--0
-12/08/99--01026--004
****750.00 ****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Mia D. Wentworth Asst. Secretary REQUIRED Date 11/19/99
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mark A. Krohse REQUIRED 11/24/99 773-399-8912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #