| | | • | Address | | | |
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| | City/S | state/Zip | Phone # | | Office Use Only | |
| | CORPORATI | ION NAM | ie(s) & docume | NT NUMBER(S), (ii | known): | |
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| N. | Mail out NEW FILINGS Profit NonProfit | □ wi | AMENDMENTS Amendment Resignation of R.A., Off | Certification Certification | ficate of Status | 53 Y3/19 |
| | Mail out NEW FILINGS Profit | □ wi | Amendment | Certification Certification | ficate of Status | 93/19 |
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| REGISTRATION/ |
|---------------------|
| Forcign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

| Examiner's Initials | |
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 14, 1996

MICHAEL BURROUGHS R.G. COLBREN, INC. 440 SOUTH LASALLE ST. CHICAGO, IL 60605

SUBJECT: R.G. COLBREN, INC. Ref. Number: W96000003353

We have received your document for R.G. COLBREN, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 996A00006434

SCHUYLER, ROOHE & ZWIENER A PROFESSIONAL CORPORATION ONE PRUDENTIAL PLAZA SUITE 3800 130 EAST RANDOLPH STREET CHICAGO, ILLINOIS 60601

TELEPHONE 312/565-2400 PACSIMILE 312/565-8300 PACSIMILE 312/565-8408

March 12, 1996

NMD PLAZA, SUITE HIPO HISOJ OMRINGTON AVENUE EVANSTON, HLLINGIB GOZOJ TELEPHONE 708 / 491-9760 FACBIMILE 708 / 491-0658

CERTIFIED MAIL RETURN RECEIPT REQUESTED

| Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
|--|------|
| Attn: Ms. Jenifer Sindt | |
| | nud. |

Re: R.G. Colbren, Inc.

Dear Ms. Sindt:

Per our discussion, enclosed please find the first page original Application by Foreign Corporation for Authorization to Transact Business in Florida, and a copy of same, for the above referenced entity. Please proceed with the filing of such application and contact me at (312)565-8325 if you have any questions regarding the enclosed materials or require further information.

Very truly yours,

Joe A. Visaya

Corporate Paralegal

Enclosures
cc: Phillip J. Kerwin (w/encl.)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | R.G. Colbren, Inc. | | |
|----|---|-----------------|---------------|
| | (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORAT words or abbreviations of like import in language as will clearly indicate that it is a corporatio of a natural person or partnership if not so contained in the name at present.) | ION" n inste | or ead |
| 2. | Illinois 3. <u>36-4056296</u> | | |
| | (State or country under the law of which it is incorporated) (FEI number, if a | pplicat | ola) |
| 4. | 12/27/95 | | |
| | 12/27/95 5. Perpetual (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual" | } | _ |
| | January 1, 1996 (Date first transacted business in Florida, (See sections 607.1501, 607.1502 and 817.156, | | D.Y. |
| | 440 South LaSalle Street | :X | SECRET |
| | Chicago, Illinois 60605 | 9 | CAR' |
| | (Current mailing address) | 7 | 취유 |
| в. | The transaction of any or all lawful business for which corporations may incorporated. | ligo | SILI |
| | (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | - 6 | - <u>:5</u> m |
| Э. | Name and street address of Florida registered agent: | | |
| | Name: CT CORPORATION SYSTEM | | |
| | Office Address: c/o C T Corporation System, 1200 South Pine Island Road | | |
| | <u>Plantation</u> , Florida, <u>33324</u> (Zip Code) | | |
| 0. | Registered agent acceptance: | | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> C T CORPORATION SYSTEM (Registered agent's signature) (Officer) LA. Pope, Asst Secretary

- '11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A. DIRECTORS

| Director: Chakman: | Eugene V. Rintels | |
|-----------------------------|--------------------------------------|--------------|
| Address: | 440 South LaSalle Street, Suite 3909 | |
| . | Chicago, Illinois 60605 | |
| Director: Vice Chairman: | Dennis G. Guy | |
| Address: | 440 South LaSalle Street, Suite 3909 | |
| | Chicago, Illinois 60605 | |
| Director: | Joel Chestler | |
| Address: | 440 South LaSalle Street, Suite 3909 | 95 %P |
| Add (000) | Chicago, Illinois 60605 | و <u>ا</u> ع |
| Director: | Michael Burroughs | ži. |
| Address: | 440 South LaSalle Street, Suite 3909 | 8: 50 |
| | Chicago, Illinois 60605 | |
| | | |

SECRETARY OF SIMIE

B. OFFICERS

| President: _ | Eugene V. Rintels |
|---------------------------|--------------------------------------|
| Address: | 440 South LaSalle Street, Suite 3909 |
| | Chicago, Illinois 60605 |
| Vice Presid | ent: Joel Chestler |
| Address: | 440 South LaSalle Street, Suite 3909 |
| _ | Chicago, Illinois 60605 |
| Vice President/Secretary: | Dennis G. Guy |
| Address: | 440 South LaSalle Street, Suite 3909 |
| _ | Chicago, Illinois 60605 |
| - | |

| Vice President/Treasurer: | Michael Burroughs | <u> </u> |
|----------------------------------|---|-------------------|
| Chief Financial Officer Address: | 440 South LaSalle Street, Suite 3909 | |
| - | Chicago, Illinois 60605 | |
| And/or directors) | nay attach an addentium to the application listing add | ditional officers |
| | 10000 | |
| (Signature of Chairman, Vi | ce Chairman, of any officer listed in number 12 of the applie | cation) |

OS MA 19 AM 8: 50

rile Number 5863-852-8_



I. George H. Ryan. Secretary of State of the State of Illinois.

R.G. COLBREN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 27, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



George H Ryan SECRETARY OF STATE

F96000001379

SCHUYLER, ROCHE & ZWIENER
A PROFESSIONAL CORPORATION
ONE PRODENTIAL PLAZA
SUITE 3800
ISO EAST RANDOLPH STREET
CHICAGO, ILLINOIS GOGO!

Other

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Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | Corporation Name) (Document #) |
|-------------------|---|
| 2 | Corporation Name) (Document #) |
| 3 | |
| | Corporation Name) (Document #) |
| 4 | Corporation Name) (Document #) |
| ☐ Walk in | Pick up time Certified Copy |
| Mail out | |
| | |
| NEW FILINGS | AMENDMENTS |
| Profit | Amendment Ec. |
| NonProfit | Resignation of R.A., Officer/ Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other_ | Merger San P |
| OTHER FILINGS | RESTRATION/S |
| | REGISTRATION/ QUALIFICATION Foreign Limited Partnership |
| Annual Report | Foreign |
| Fictitious Name | Limited Partnership |
| Name Reservation | Reinstatement |
| | Trademark |

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| (Name of Corporation) | |
|--|---|
| Illinois | |
| (Incorporated Under Laws Of) | |
| This corporation is no longer transacting business or condu Fiorida and hereby voluntarily surrenders its authority to tran in Florida. | cting affairs within the State of sact business or conduct affairs |
| This corporation revokes the authority of its registered agent behalf and appoints the Department of State as its agent for cause of action arising during the time it was authorized to track in Florida. | service of prodess based on a |
| The following is a current mailing address to which the Depa any process against this corporation that may be served on 440 South LaSalle Street, Sui | rtment of State may mail a copy of the Department. |
| (Mailing Address) | |
| Chicago, Illinois 60605 | |
| (City - State - Zip) | |
| The corporation agrees to notify the Department of State in ting address. | he future of any change in its mail- |
| Signature | Date |
| Eugene V. Rintels | |
| Typed or printed name | - |
| President | |
| Title | |

...