2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F9600001691 1. Entity Name LIBERTY CAPITAL RESOURCES, INC. 03-20-2000 90144 049 ***150.00 Mailing Address Principal Place of Business 11 WEST MADISON ST 11 W MADISON ST OAK PARK IL 60302-4203 **STE 110** OAK PARK IL 60302 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City, & State 4. FEI Number Applied For 36-3904007 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax 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. ☐ Addition TITLE ☐ Delete TITLE FITZPATRICK, EDWARD C NAME NAME 115 S. LASALLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60603 ☐ Addition ☐ Delete TITLE ☐ Change TITLE DUNNING, MICHAEL NAME NAME 11 WEST MADISON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK PARK IL 60302 Change - Addition TITLE ☐ Delete TITLE KELLY, MICHAEL E NAME NAME STREET ADDRESS 11 WEST MADISON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK PARK IL 60302 VICE PRESIDENT Change Addition TITLE ☐ Delete TITLE NAME NAME W. MAGGON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAK PARK, ILL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 occurate 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.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

708-445-3261

Daytime Phone #