2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **F96000005050** May 03, 2000 8:00 am Secretary of State WINTHROP FINANCIAL GROUP, INC. 05-03-2000 90150 011 ***150.00 Principal Place of Business Mailing Address 500 TECHNOLOGY DRIVE 500 TECHNOLOGY DRIVE NAPERVILLE IL 60563-6302 NAPERVILLE IL 60566 091939 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3424187 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 11. 12. Addition ☐ Change TITLE ☐ Delete TITLE KIRCH, TERRY L NAME STREET ADDRESS **500 TECHNOLOGY DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL ☐ Delete ☐ Change ☐ Addition TITLE TITLE KIRCH, TERRY L NAME NAME STREET ADDRESS STREET ADDRESS **500 TECHNOLOGY DR** CITY-ST-7IP NAPERVILLE IL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HEIMSOTH, THOMAS H NAME NAME STREET ADDRESS **500 TECHNOLOGY DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITL F 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 economic rustee employered 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Daytime Phone #