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Apr 17, 2003 8:00 am
Secretary of State

3/2 03-28-2003 90058 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005468

1. Entity Name
PMG ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
500 AUSTRALIAN AVE S SUITE 850 WEST PALM BEACH FL 33401	% CUMBERLAND LICENSING P.O. BOX 7543 CUMBERLAND RI 02864 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3909246 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCBAY, WALTER 500 AUSTRALIAN AVE S STE 850 WPB FL 33401	Name Barry Rittman Street Address (P.O. Box Number is Not Acceptable) 500 Australian Ave. S. Ste. 850 City West Palm Beach FL Zip Code 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barry Rittman V.P. + Controller 4/9/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D SCHERRMAN, MICHAEL ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Allen R. Reed 1600 McConnor Parkway Schaumburg, IL 60196	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOCK, ROBERT 515 MADISON AVENUE NY NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Frank J. Julian 1600 McConnor Parkway Schaumburg, IL 60196	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCBAY, WALTER 500 AUSTRALIAN AVE S STE 850 WPB FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gale K. Caruso 1600 McConnor Parkway Schaumburg, IL 60196	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COGNETTI, LAURA 515 MADISON AVENUE NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director George Vlaisavljevich 1600 McConnor Parkway Schaumburg, IL 60196	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RITTMAN, BARRY 500 AUSTRALIAN AVE., S. STE. 850 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer David D. Jorgensen 1600 McConnor Parkway Schaumburg, IL 60196	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REZABAK, DEBRA ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Vice President Thomas K. Walsh 1600 McConnor Parkway Schaumburg, IL 60196	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/20/03 (561)820-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)