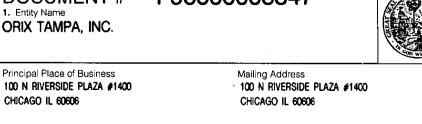
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96000005547





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100 N RIVERSIDE PLAZA #1400										
2. Principal Place of Business 3. M			. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHECK HERE	E IF MAKING	CHANGES	
•	⊾ State				4. FEI Number 36-4110209			_ 	oplied For	
Country Zip			Country			5. C	Certificate of Status Desired		\$8.75 Add	
6, Name and Address of Current Registered Agent						7. N	lame and Address of New I			
				Name	·		THE RESERVE OF THE PERSON OF T	registered P	gent	<u> </u>
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD				Street Address (P.O. Box Number is Not Acceptable)						
								1181: .		
				City				FL	Zip Cod	e
Signature, typed or printed name of registered agent a	nd title if applic	cable. (NOTE	: Registered	d Agent signat	ure required w	hen rei	instating)	DATE	· · · · · · · · · · · · · · · · · · ·	
May 1, 2003 Fee will be \$550.00	State						, •			0 May Be I to Fees
	DIRECTOR	S	11,			ADI	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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PLACK, JEFFREY C 100 N RIVERSIDE PLAZA #1400		☐ Delete	NAME STREE	T ADDRESS	GILLCE	igo.	, IL . 60606	- ,	Change	☐ Addition
SEVD HIDEAKI, YOKOYAMA 100 N RIVERSIDE PLAZA #1400	<u>.</u>	★ Delete	TITLE NAME STREE	ET ADDRESS				-	Change	☐ Addition
MCCULLOUGH, MICHAEL 100 N RIVERSIDE PLAZA #1400		☐ Delete	NAME STREE	T ADDRESS		- ,			☐ Change	☐ Addition
HOVANEC, DONNA 100 N RIVERSIDE PLAZA #1400		☐ Delete	STREE	T ADDRESS					Change	Addition
wife the Charles	1. A. 191	☐ Delete	CITY-:	T ADDRESS ST-ZIP					☐ Change	Addition
	Country Cou	DE PLAZA #1400 D606 CHICAC TO N CHICAC CHICAC CHICAC TO N CHICAC CHICAC TO N CHICAC CHIC	DE PLAZA #1400 100 N RIVERSIDE PLAZA CHICAGO IL 60606 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent CUMENT SERVICES INC. KELLEY RD SEE FL 32311 Named entity submits this statement for the purpose of changing its ons of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PD PURINTON, JAMES H 100 N RIVERSIDE PLAZA #1400 CHICAGO IL 60606 EVDS PLACK, JEFFREY C 100 N RIVERSIDE PLAZA #1400 CHICAGO IL 60606 EVD MIDEAKI, YOKOYAMA 100 N RIVERSIDE PLAZA #1400 CHICAGO IL 60606 EVD Delete MCCULLOUGH, MICHAEL 100 N RIVERSIDE PLAZA #1400 CHICAGO IL 60606 EVD Delete Delete Delete Delete Delete	DE PLAZA #1400 DE06 CHICAGO IL 60606 CHICAGO IL 60606 Ace of Business 3. 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Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Accepted Agent Name Street Agent City SEE FL 32311 City City Marmed entity submits this statement for the purpose of changing its registered office or ons of registered agent. Signature, typed or printed name of registered agent and the if applicable. (MOTE: Registered Agent signated agent and the if applicable. LE NOW!!! 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Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) City FL Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) FL City FL Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) City FL City FL Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) City FL Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptab	Name and Address of Reverence of Changing its registered office or registered agent, or both, in the State of Fordae. It among the First State of Product of Program and Address of Reverence of Changing its registered office or registered agent, or both, in the State of Fordae. It among the Address of Program and Address of Reverence of Changing its registered office or registered agent, or both, in the State of Fordae. 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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:

Jeffrey C. Plack

312/669-6400

4/4/03