2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# F96000006752

Entity Name: DANE ACQUISITION CORP.

Current Principal Place of Business:

222 N. LASALLE ST
STE 1000
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

222 N LASALLE ST
STE 800
CHICAGO, IL 60601 US

New Mailing Address:

FEI Number: 36-4119534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CROWN, WILLIAM H
Address: 222 N. LASALLE ST., STE. 1000
City-St-Zip: CHICAGO, IL 60601

Title: DVAS ( ) Delete
Name: CROWN, JAMES S
Address: 222 N. LASALLE ST., STE. 1000
City-St-Zip: CHICAGO, IL 60601

Title: DVAS ( ) Delete
Name: CROWN, A S
Address: 222 N. LASALLE ST., STE. 1000
City-St-Zip: CHICAGO, IL 60601

Title: S ( ) Delete
Name: RUBIN, DAVID M
Address: 222 N. LASALLE ST., STE. 800
City-St-Zip: CHICAGO, IL

Title: DC ( ) Delete
Name: ASHLEY, R S
Address: 6710 E. MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33619

Title: VASC ( ) Delete
Name: SOBOTA, JOHN
Address: 222 N. LASALLE ST., STE. 1000
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change ( ) Addition
Name: WAGNER, CHUCK
Address: 6710 E. MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change ( ) Addition
Name: ASHLEY, R S
Address: 602 E. LATHROP AVE.
City-St-Zip: SAVANNAH, GA 31415

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M RUBIN S 04/01/2009

Electronic Signature of Signing Officer or Director — Date