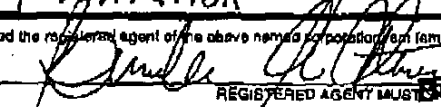
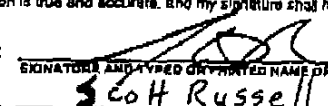


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                       | 04 SEP 29 PM 12:33<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                                                           |                          |
| DOCUMENT # F97000004203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| 1. Corporation Name<br><b>FROK, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| 2. Principal Office Address<br><b>1200 Lakeside Dr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | 3. Mailing Office Address<br><b>1200 Lakeside Dr.</b>                                                                                                                  |                       | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>8-12-97</b>                                                              |                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | Suite, Apt. #, etc.                                                                                                                                                    |                       | 5. FEI Number<br><b>13-384-2940</b>                                                                                                        |                          |
| City & State<br><b>Bannockburn, IL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | City & State<br><b>Bannockburn, IL</b>                                                                                                                                 |                       | <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee Required for a Certificate of Status |                          |
| Zip<br><b>60015</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country<br><b>USA</b>             | Zip<br><b>60015</b>                                                                                                                                                    | Country<br><b>USA</b> |                                                                                                                                            |                          |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| Name<br><b>C.T. Corporation System</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| City<br><b>Plantation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                                        |                       | State<br><b>FL</b>                                                                                                                         | Zip Code<br><b>33324</b> |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| Signature of Registered Agent<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | REGISTERED AGENT MUST SIGN<br><b>Steven Stowers</b>                                                                                                                    |                       | Date<br><b>9-29-04</b>                                                                                                                     |                          |
| Assistant Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                         |                       | City / State / Zip                                                                                                                         |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>see attached</b>               |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>REINSTATEMENT 99-04</b>        |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                   |                                                                                                                                                                        |                       |                                                                                                                                            |                          |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | EXAMINED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Scott Russell</b>                                                                              |                       | 9-28-04 312-326-8000<br>Date Daytime Phone #                                                                                               |                          |

CREATED (09/04)

**FRDK, INC. OFFICERS AND DIRECTORS**

| NAME                   | TITLE                                                                           | ADDRESS                                         |
|------------------------|---------------------------------------------------------------------------------|-------------------------------------------------|
| Richard D. McMichael   | Director and Group Executive Vice President, Forms, Labels, and Office Products | 1200 Lakeside Drive, Bannockburn, IL 60015      |
| Thomas J. Quinlan III  | Director and President                                                          | 77 West Wacker Drive, Chicago, IL 60601         |
| Theodore J. Theophilos | Director, Chief Administrative Officer and Secretary                            | 77 West Wacker Drive, Chicago, IL 60601         |
| Kevin J. Smith         | Executive Vice President and Chief Administrative Officer                       | 77 West Wacker Drive, Chicago, IL 60601         |
| Christopher M. Savine  | Group Executive Vice President, Finance                                         | 77 West Wacker Drive, Chicago, IL 60601         |
| William F. Paparella   | Senior Vice President, Tax and Assistant Secretary                              | 1200 Lakeside Drive, Bannockburn, IL 60015      |
| Michael S.Kraus        | Executive Vice President, Strategy                                              | 375 Park Avenue, Suite 2607, New York, NY 10152 |
| Robert J. Kelderhouse  | Senior Vice President and Treasurer                                             | 77 West Wacker Drive, Chicago, IL 60601         |
| Suzanne S. Bettman     | Senior Vice President, General Counsel and Assistant Secretary                  | 77 West Wacker Drive, Chicago, IL 60601         |
| Linda R. Fitz          | Vice President, Tax                                                             | 1200 Lakeside Drive, Bannockburn, IL 60015      |
| Scott D. Russell       | Assistant General Counsel and Assistant Secretary                               | 77 West Wacker Drive, Chicago, IL 60601         |

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**CORPORATION REINSTATEMENT**

**FRDK, INC.**

|                       |            |
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