## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000005896

Entity Name: ERP-QRS CPRT, INC.

CHICAGO, IL 60606

FILED Apr 13, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, STE. 400 TWO NORTH RIVERSIDE PLAZA, STE. 400

SUITE 400

CHICAGO, IL 60606

Current Mailing Address: New Mailing Address:

TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606

FEI Number: 36-4186980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: DF

Name: NEITHERCUT, DAVID J

Address: TWO NORTH RIVERSIDE PLAZA, STE. 450

City-St-Zip: CHICAGO, IL 60606

Title: VD

Name: STROHM, BRUCE C

Address: TWO NORTH RIVERSIDE PLAZA, STE. 450

City-St-Zip: CHICAGO, IL 60606

Title: T

Name: GARECHANA, ROBERT

Address: TWO NORTH RIVERSIDE PLAZA, STE. 450

City-St-Zip: CHICAGO, IL 60606

Title: VD

Name: PARRELL, MARK

Address: TWO NORTH RIVERSIDE PLAZA, STE. 450

City-St-Zip: CHICAGO, IL 60606

Title:

Name: LAPELLE, MICHELLE

Address: TWO NORTH RIVERSIDE PLAZA, STE. 450

City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE LAPELLE S 04/13/2012