Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H11000140285 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Pax Number : (850)878-5368

Encer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE FR BROKERAGE SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu

Corporate Filing Menu

5/26/2011

COVER LETTER

| TO: Amo Divis | adment Section sion of Corporations | | | |
|--|--|--|--|--|
| SUBJECT: | FR Brokerage Services, Inc. | | | |
| | Name of Corporation | | | |
| DOCUMEN | T NUMBER: | | | |
| The enclosed | Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return | all correspondence concerning this matter to the following: | | | |
| | | | | |
| | Name of Contact Person | | | |
| | | | | |
| | Firm/Company | | | |
| | · Into Annibuti | | | |
| | | | | |
| | Address | | | |
| | | | | |
| | City/State and Zip Code | | | |
| | mjuskiewicz@firstindustrial.com | | | |
| | E-mail address: (to be used for future annual report notification) | | | |
| For further info | ornation concerning this matter, please call: | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitte | ections 607.0502, 617.0502, 607.1508, ar 617.1508, Flort of for a corporation organized under the laws of the State registered office or registered agent, or both, in the State (| of Maryland |
|--|---|---|
| 1. The name of the corporation: | | I FIONA, |
| | 311 SOUTH WACKER DR., SUITE 3900 CHICAGO IL 60 | 606 |
| 3. The mailing address (if differ | ent): | |
| 4. Date of incorporation/qualifie | ration: 06/02/1998 Document number: | F98000003115 |
| 5. The name and street address of Florida Department of State: (| of the current registered agent and registered affice on file (If resigned, enter resigned) | with the |
| CORPORATIO | on service company | |
| 1201 HAYS ST | rect | |
| TALLAHASSE | 'E FL 32301 US | |
| 6. The name and street address o (if changed); | of the new registered agent (if changed) and for registered of | office = |
| C T Corporation | System | |
| c/o C T Carpora | tion System, 1200 South Pine Island Road | |
| | P.O. Box NOT acceptable | |
| Plantation, Flori | đa 33324 | |
| - | red office and the street address of the business office of | 40.00 |
| Such change was authorized by authorized by the board, or the c | resolution duly adopted by its board of directors or by a corporation has been notified in writing of the change. | an officer so |
| Allei | Katie Mackowski, S | ecretary |
| Signature of out officer of dared | • | |
| | as registered agent and agree to act in this capacity, he provisions of all statutes relative to the proper and co with and accept the obligation of my position as register a reflect a change in the registered office address, I her writing of this change. | omplete performance red agent. Or, if this eby confirm that the |
| By: C T Corporation System | 5125/2011 | |
| Signature of Registered A | gena Dato | |
| signing on behalf of an entity: | Kristin Bolden Assistant Secretary | |
| Kristin Bolden | - wording | |
| Typed or Frinted Nume | 4 + + 1717 (NO LODD, 426 NA 4 4 4 | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FIL 32314

CRZE045 (8/05)