2007 FOR PROFIT CORPORATION

ANNUAL REPORT



03-23-2007 90013 022 ***150.00

Mar 23, 2007 8:00 am Secretary of State

FILED

DOCUMENT # F98000003554 OAKBROOK PROPERTIES, INC. 40040105 Principal Place of Business Mailing Address 1600 E MAIN ST STE B 1600 E MAIN ST STE B ST CHARLES, IL 60174 ST CHARLES, IL 60174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2F034 (12/06) 02242007 Applied For 4. FEI Number City & State City & State Not Applicable 59-3514731 \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Remotered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Addition PΠ Change TITLE ☐ Delete TITLE NAME MCARDLE, DAVID A NAME STREET ADDRESS 4051 E. MAIN STREET STREET ADDRESS CITY-ST-ZIP SAINT CHARLES, IL 60174 CITY-ST-ZIP Change ■ Addition VD TITLE Delete TITLE NAME SCARLATI, FRANK S JR NAME SCARLATI, FRANK S JR STREET ADDRESS STREET ADDRESS 1600 E. MAIN STREET, SUITE B TWO TRANSAM PLAZA, SUITE 200 CITY-ST-ZIP ST. CHARLES, IL 60174 CITY-ST-ZIP OAKBROOK TERRACE, IL 60181 ☐ Change ☐ Addition SD Delete TITI F TITLE NAME WELTY, RODNEY A NAME STREET ADDRESS STREET ADDRESS 1600 E MAIN ST., SUITE B CITY-ST-ZIP CITY-ST-ZIP SAINT CHARLES, IL 60174 ☐ Change Addition ☐ Delete DEWHIRST, NED E NAME NAME STREET ADDRESS P.O. BOX 366879 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34136 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

ROONEY A. WOLLY 3-1-47 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.