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2001 UNIFORM BUSINESS REPORT (UBR)

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2001 8:00 am DOCUMENT # F9800005068 **Secretary of State** 1. Entity Name HOUSEHOLD CORPORATION 02-19-2001 90017 035 ***150.00 Mailing Address Principal Place of Business 2700 SANDERS ROAD 2700 SANDERS ROAD NUUWUUUV PROSPECT HEIGHTS IL 60070 PROSPECT HEIGHTS IL 60070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-2675918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VSD Addition ☐ Change TITI F ☐ Delete TITLE NAME BLENKE, J W STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 CITY-ST-ZIP ☐ Addition ☐ Channe TITLE ☐ Defete TITLE SCHOENHOLZ, D A NAME NAME STREET ADDRESS 2700 SANDERS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PROSPECT HEIGHTS IL 60070 ☐ Change ☐ Addition Delete TITLE TITLE DELUCA, M A NAME NAME STREET ADDRESS 2700 SANDERS ROAD STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE SCHULZE, J D NAME NAME 2700 SANDERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PROSPECT HEIGHTS IL 60070 ☐ Delete ☐ Change ☐ Addition TITLE TITLE TYSKA, H J NAME NAME STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIE PROSPECT HEIGHTS IL 60070 Assistant Secretary ☐ Delete ☐ Change ★ Addition TITLE TITLE Angelo, J.M. 2700 SANDERS ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1. 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 11 or Block 12 if