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May 21, 2008 8:00 am
Secretary of State
05-21-2008 90025 017 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005922

1. Entity Name
WILLIAMS LEA INC.

Principal Place of Business	Mailing Address
233 SOUTH WACKER DRIVE SUITE 4850 CHICAGO, IL 60606 US	233 SOUTH WACKER DRIVE SUITE 4850 CHICAGO, IL 60606 US

60042834

04112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3160717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO/D RODBER, TIM 233 SOUTH WACKER DRIVE, SUITE 4850 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rodber, Tim 1 Dag Hammarskjold Plaza, 885 Second Ave. New York, NY 10017	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO AMANN, KENNETH 233 SOUTH WACKER DRIVE, SUITE 4850 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO/AS Amann, Kenneth 233 S. Wacker Drive, Suite 4850 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BARTON, JUSTIN 233 SOUTH WACKER DRIVE, SUITE 4850 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Barton, Justin 1 Dag Hammarskjold Plaza, 885 Second Ave. New York, NY 10017	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S WILLIAMSON, DEENA 233 SOUTH WACKER DRIVE, SUITE 4850 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFITHS, TIM 233 SOUTH WACKER DRIVE, SUITE 4850 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Coya, Aurora 233 S. Wacker Drive, Suite 4850 Chicago, IL 60606	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deena Williamson DEENA WILLIAMSON APRIL 21, 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

312-681-6400
Daytime Phone #