📤 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TAGES OF PRINT

FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # F99000003535 1. Entity Name 4-04-2001 90020 020 ***150.00 SILVER ROCK REALTY CORP. Principal Place of Business Mailing Address 600 CENTRAL AVE. #365 600 CENTRAL AVE. #365 AD041931 HIGHLAND PARK IL 60035 HIGHLAND PARK IL 60035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 88-0406408 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jay Felner C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 4182 Live Oak Boulevard PLANTATION FL 33324 City Zip Code Delray Beach 33445 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITI E ☐ Change ☐ Addition ☐ Delete NAME WAGNER, NATHAN MAME STREET ADDRESS 600 CENTRAL AVE. #365 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIGHLAND PARK IL 60035 ☐ Addition TITLE ☐ Delete TITLE Change NAME GOLDMAN, ROBERT U NAME STREET ADDRESS STREET ADDRESS 600 CENTRAL AVE. #365 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND PARK IL 60035 TITLE ☐ Delete ☐ Addition NAME NAME HAFTER, MATTHEW I STREET ADDRESS STREET ADDRESS 227 W. MONROE STE. 3600 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 TITLE ☐ Delete TITLE Addition NAME WAXMAN, CHUCK NAME Waxman, Charles STREET ADDRESS STREET ADDRESS 1695 LAKE COOK ROAD #229 CITY-ST-7IP CITY-ST-ZIP HIGHLAND PARK IL 60035 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME SCHWARTZBERG, ALBERT STREET ADDRESS STREET ADDRESS 50 MAIN STREET, STE. 435 CITY-ST-ZIP CITY-ST-ZIE WHITE PLAINS NY 10606 TITLE D۷ ☐ Delete TITLE ☐ Change ☐ Addition NAME FELNER, JAY NAME STREET ADDRESS STREET ADDRESS 4182 LIVE OAK BLVD CITY-ST-ZIP DELRAY BEACH FL 83445 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 feeting or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme

Nathan Wagner, President

2/26/01

(847) 432-3666

Daytime Phone #