2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Feb 24, 2004 8:00 am Secretary of State DOCUMENT # F99000003927 1. Entity Name 02-24-2004 90013 004 ***150.00 NES PARTNERS, INC. Principal Place of Business Mailing Address 8601 GULF FREEWAY HOUSTON TX 77017 1603 ORRINGTON AVENUE SUITE 1600 EVANSTON IL 60201 3. Mailing Address CR2E034 (11/03) Applied For 76-0522461 Not Applicable \$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 NRAI SERVICES, INC. 526 EAST PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Change ☐ Addition Delete GULLION, JOSEPH NAME NAME 1603 ORRINGTON AVE. STREET ADDRESS STREET ADDRESS EVANSTON IL 60201 CITY-ST-ZIP CITY-ST-7IP VC TITLE TITLE Delete Change Addition RODGERS, KEVIN P NAME NAME STREET ADDRESS 1603 ORRINGTON AVE. STREET ADDRESS CITY-ST-ZIP EVANSTON IL 60201 CITY-ST-ZIP TITLE CFO ☐ Delete TITLE ☐ Change ☐ Addition MILIGAN, MICHAEL D STREET ADDRESS 1603 ORRINGTON AVE STE 1600 STREET ADDRESS CITY-ST-ZIP **EVANSTON IL 60201** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition THUE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. 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 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.

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