2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F99000003927 03-21-2006 90042 038 ***150.00 1. Entity Name NES PARTNERS, INC. Principal Place of Business Mailing Address 8770 W BRYN MAWR 8770 W BRYN MAWR 50003937 4TH FLR. 4TH FLR. CHICAGO, IL 60631 CHICAGO, IL 60631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01112006 Chg-P City & State City & State 4. FEI Number Applied For 76-0522461 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 NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code 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. I arm familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE ☐ Delete TITLE STUDDERT, ANDY NAME NAME 8770 W. BRYN MAWR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60631 CITY-ST-ZIP CFO CFO Change ☐ Delete TITLE ☐ Addition TITLE Michael D. Milligan 870 w. Bryn Haws Chicago, IL 60631 MILIGAN, MICHAEL D NAME NAME STREET ADDRESS 1603 ORRINGTON AVE STE 1600 STREET ADDRESS CITY-ST-ZIP EVANSTON, IL 60201 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

GNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

SIGNATURE: Weeks

FILED Mar 21, 2006 8:00 am