04/30/2002 12:48 8475832079 CSMG FINANCE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90325 022 ***150.00

DOCUMENT # J57818

1. Entity Name
FINWAY, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15008 S.E. US 301
Suite, Apt. # etc
P.O. BOX 23
City & State
HAWTHORNE, FL
Zip 32640 Country U.S.

3. Mailing Address
c/o CSMG-5215 OLD ORCHARD RD.
Suite, Apt. #, etc
SUITE 1000
City & State
SKOKIE, IL
Zip 60077 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1736437
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
WINFIELD K. BOGGS
Street Address (P.O. Box Number is Not Acceptable)
15008 S.E. US 301
P.O. BOX 23
City
HAWTHORNE FL Zip Code 32640

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 Winfield K. Boggs 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (Must be Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

Filed on this date with the Florida Department of State
May 27, 2002
Secretary of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	BOGGS, WADE A.
STREET ADDRESS	15008 SE. US 301
CITY-ST-ZIP	HAWTHORNE, FL
TITLE	SECRETARY/DIRECTOR
NAME	BOGGS, DEBORAH A.
STREET ADDRESS	15008 S.E. US 301
CITY-ST-ZIP	HAWTHORNE, FL
TITLE	VICE PRESIDENT/TREASURER
NAME	BOGGS, WINFIELD K.
STREET ADDRESS	15008 S.E. US 301
CITY-ST-ZIP	HAWTHORNE, FL
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Winfield K. Boggs 4/30/02 352-481-4082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
WINFIELD K. BOGGS, TREASURER