FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)NAMLEASE, INC. Principal Place of Business Mailing Address C/O P R JUDY C/O P R JUDY 14 COUNTRY LANE 14 COUNTRY LANE NORTHFIELD IL 60093 NORTHFIELD IL 60093 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1989 2. Principal Place of Business 2a. Mailing Address Applied For 05-0401301 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JUDY, PAUL R. 2601 GULF SHORE BLVD. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) APT. 30 83 NAPLES FL 33940 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change JUDY, PAUL R. NAME 1.2 NAME 14 COUNTRY LANE 1.3 STREET ADDRESS STREET ADDRESS NORTHFIELD IL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change JUDY, MARY ANN NAME 2.2 NAME 14 COUNTRY LANE 2.3 STREET ADDRESS STREET ADDRESS NORTHFIELD IL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GOLDBERGER, EDWIN H. NAME 3.2 NAME 30 N. LASALLE ST., #2900 STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-S7-ZIP 3.4. CITY - ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TOTLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. I rereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an appearance of the receiver of the corporation of the corpor

SIGNATURE:

941-649-6553