FILED

2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am L39924 DOCUMENT # Secretary of State 1. Entity Name 03-27-2002 90043 008 ***150.00 SDK OF NAPLES, INC. Principal Place of Business Mailing Address 33 WEST MONROE STREET 225 WEST WACKER DRIVE., #2800 B0053147 CHICAGO IL 60603 CHICAGO IL 60606 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0220926 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 **CT CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition Delete LEES, MARSHAL NAME NAME STREET ADDRESS 33 WEST MONROE STREET STREET ADDRESS CITY-ST-ZIP CHICAGO, IL. 606031. CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change ROHNER, RANDALL NAME STREET ADDRÉSS 33 WEST MONROE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60603 TITLE Delete TITLE ☐ Addition NAME ROGALLA, WILLIAM NAME STREET ADDRESS 33 WEST MONROE STREET STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60603 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Secretary Date

2/20/02

Daytime Phone #