2002 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY-ST-ZIP TITLE SAMMONS, JR EDWARD E STREET ADDRESS CITY-ST-ZIP TITLE VS POPRAZA, ROBERT T 230 WEST MONROE ST CHICAGO IL 60606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE DELET	1. Entity Nam	MENT # L926 VESTMENT SERVICES, IN	_				Secretary (03-25-2002 90185 (of Sta	te	
Suite, Apt. # etc. Suite, Apt. # etc.	230 WEST ME STE 2810 CHICAGO IL	ONROE ST	230 WEST MONROE ST STE 2810 CHICAGO IL 60606	230 WEST MONROE ST STE 2810 CHICAGO IL 60606			DO NOT WRITE IN THIS SPACE			
SUFFE 700 CITY S SIGN COUNTY S 3 13 (1000	BLICKELL AIG	3. Mailing Address /000 B LIC)	1000 BRICKELL AVE						
## SPANCESTED Not Applicable SPANCESTED Not Applicable SPANCESTED Not Applicable SPANCESTED SPA	SUTT	€ 700	SUITE 7	la contraction de la contracti						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI 1800 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131 City FL Zp Code PyThe 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 Signature, ipend or privad name of registered agent and like Tappicable Tax filling requirement and elects to do so. (See oritoria on track) Make Check Payable to Department of State PD SHAY, RODGER D. SHEY ADDRESS SINEY ADDRESS CITY-ST-2P MIAMI FL VS MAME SINEY ADDRESS CITY-ST-2P MIAMI FL VS MAME SINEY ADDRESS CITY-ST-2P CHICAGO IL 606066 TILE MAKE SINEY ADDRESS CITY-ST-2P MIAMI FL UNITE MAKE SINEY ADDRESS CITY-ST-2P MIAMI FL UNIT				· —			59-3026727	<u> </u>		
Section Sect	3313	Country	33131 -			5. 0	Certificate of Status Desired	\$8.75 Add Fee Require	ditional d	
CORPORATION COMPANY OF MIAMI 1800 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131 City FL Zip Code PuThe 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 9. This corporation is eligible to satisfy its intangible Tax king requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SHAY, RODGER D. SIBERTANDRESS CITY-ST-2P MIAMI FL TITLE VS AMMONS, JR EDWARD E SIBERTANDRESS CITY-ST-2P CHICAGO IL 60606 Delete TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P CHICAGO IL 60606 TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P CHICAGO IL 60606 TITLE VS ALY, RODGER JR SIBERTANDRESS CITY-ST-2P CHICAGO IL 60606 Delete TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P CHICAGO IL 60606 TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P CHICAGO IL 60606 TITLE VS ALY, RODGER JR SIBERTANDRESS CITY-ST-2P CHICAGO IL 60606 TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P CHICAGO IL 60606 TITLE VS AMMONROS STORY MAKE SIBERTANDRESS CITY-ST-2P MAKE SIBERTANDRESS CITY-ST-2P MIAMI FL Delete TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P CHICAGO IL 60606 TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI FL TITLE VS AMMONROS STORY MONROE ST CITY-ST-2P MIAMI			ent Registered Agent		Name	7. N	lame and Address of New Registered	d Agent		
SIFEST ADDRESS CITY-ST-ZP TITLE VS SIREET ADDRESS CITY-ST-ZP CHCAGO IL 60606 SIREET ADDRES	CORPORA	ATION COMPANY OF MIAMI								
## City					Street Address ((P.O. B	lox Number is Not Acceptable)			
Ry 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 Signa	201 S. BI	SCAYNE BLVD.								
SIGNATURE Signat	MIAMI FL		City		F	L Zip Cod	e			
Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi	gent and title if applicable (NC	OTE: Registered	Agent signature required		instating) DATE 10. Election Campaign Financing			
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NAME STREET ADDRESS 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ST-ZIP			<u></u>	Addition	

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 chapter 607 or on an attachment with an address, with fill other like empowered. YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: