PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 17 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000719

1. Limited Liability Company's Name

Sageo LLC
100 Half Day Road
Lincolnshire, IL 60069

2. Principal Office Address		**3.** Mailing Office Address	
100 Half Day Road		100 Half Day Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Attn: Ann Eckstein	
City & State		City & State	
Lincolnshire, IL		Lincolnshire, IL	
Zip	Country	Zip	Country
60069	USA	60069	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: April 7, 2000

6. FEI Number: 36-4342013 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

900004739559--6
-12/26/01--01069--023
****150.00 ****150.00

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: J M Hal — James M. Halpin, Assistant Secretary — Date: 12/13/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Dale L. Gifford	100 Half Day Road	Lincolnshire, IL 60069
Mgr	Gerald I. Wilson	100 Half Day Road	Lincolnshire, IL 60069
Mgr	John M. Ryan	100 Half Day Road	Lincolnshire, IL 60069
		REINSTATEMENT	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Dale L. Gifford — Manager — Date: 12/12/2001 — Daytime Phone #: (847) 295-5000

Typed or printed name of signing Managing Member/Manager: Dale L. Gifford