2002 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2002 8:00 am **Secretary of State** DOCUMENT # M0100001095 1. Entity Name 03-26-2002 90098 010 ****50.00 COR REALTY, L.L.C. Principal Place of Business Mailing Address 1963 UNIVERSITY LANE 1963 UNIVERSITY LANE 933688 LISLE IL 60532 LISLE IL 60532 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 36-4151560 Applied For City & State City & State Not Applicable Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 528 E. PARK AVE. TALLAHASSEE FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01 ☐ Delete TITLE ☐ Change XXXAddition TITLE MGRM NAME NAME Marc Rosenstock CR2E083 STREET ADDRESS STREET ADDRESS 1963 University Lane Lisle, IL 60532 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change XXXAddition ☐ Delete TITLE TITLE NAME Brett Overton STREET ADDRESS STREET ADDRESS 1963 University Lane CITY-ST-ZIP CITY-ST-ZIP Lisle. IL $_60532$ ☐ Change XXXAddition TITLE Delete TITLE MGRM Aizik Chernobrov NAME NAME STREET ADDRESS STREET ADDRESS 1963 University Lane CITY-ST-ZIP CITY-ST-7IP Lisle, IL 60532 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 630

FILED