

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 PM 12: 02

DOCUMENT # M03000000430

1. Entity Name
LTD CATALOG LLC



Principal Place of Business
2800 LAKESIDE DRIVE
BANNOCKBURN, IL 60015

Mailing Address
2800 LAKESIDE DRIVE
BANNOCKBURN, IL 60015

2. Principal Place of Business

3. Mailing Address

PO Box 449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lincolnshire, IL

Zip

Country

Zip

60069

Country

USA

12082004 REIN-LLC CR2E101 (6/04)

4. FEI Number

11-3675297

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

James M. Halpin

Assistant Secretary

1/26/05

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LEW LEIBOWITZ GP TRUST
STREET ADDRESS 1527 NORTHWOODS DRIVE
CITY-ST-ZIP DEERFIELD, IL 60015

TITLE MGRM ☐ Delete
NAME TODD LEIBOWITZ GP TRUST
STREET ADDRESS 1066 COURT AVENUE
CITY-ST-ZIP HIGHLAND PARK, IL 60035

TITLE MGRM ☐ Delete
NAME DALE LEIBOWITZ GP TRUST
STREET ADDRESS 1111 RUTLEDGE STREET
CITY-ST-ZIP MADISON, MI 53703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 200046085822
STREET ADDRESS 02/07/05--01035--002
CITY-ST-ZIP **100.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/05

Date

Daytime Phone #