2007 FOR PROFIT CORPORATION

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: ___

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2007 90847 044 ***150 00 DOCUMENT # M05723 1. Entity Name AIS ORLANDO, INC. ann93531 Principal Place of Business Mailing Address 125 SOUTH FRANKLIN STREET 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ZOTH AVE 6969 W. ZOZ# 6969 W. Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For HIALEAH, FL HIALEAH, 59-2490918 Not Applicable Zip 33014 Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33014 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FER IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete BRENDAN J. DEELY HERNANDEZ, JOHN J NAME NAME 550 W. ADAMS 6969 W. 20 AVENUE STREET ADDRESS STREET ADDRESS CHICAGO, IL 60661 CITY-ST-ZIP HIALEAH, FL CITY-ST-ZIP TITLE Delete TITLE Addition JOHN W. CAIN MARTIN, JACK NAME NAME 550 W. ADAMS 6969 W. 20 AVENUE STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP HIALEAH, FL CITY-ST-ZIP CHICAGO, IL 60661 Delete TITLE ☐ Change **X** Addition JOHN J. HERNANDEZ PETRICONE, JULIE NAME NAME S50 W. ADAMS 6969 W. 20TH AVE STREET ADDRESS 6969 W 20TH AVE STREET ADDRESS HIALEAH, FL CITY-ST-ZIP CiTY-ST-ZIP CHICAGO, FL 60661 HIALEAH, FL 33014 VIT ☐ Delete TITLE ☐ Change Addition KAREN L. LEETS NAME NAME 550 W. ADAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60661 TITLE ☐ Delete TITLE ☐ Change M Addition RICHARD H. FLEMING NAME NAME 550 w. ADAMS STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60661 TITLE ☐ Delete TITLE ☐ Change Addition JOSEPH W. HOLMES NAME NAME STREET ADDRESS STREET ADDRESS 550 W. ADAMS CHICAGO, IL 60661 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if

John Hernandez, Ger. Hub. 4-27-07

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # M05723 1. Entity Name AIS ORLANDO, INC. | | | | | | | | ATTACHMENT | | | | | |
|--|--|-----------------------|---|----------------------------|-------------|-------------------------|--|---|----------------|-------------|-----------------|---------------------------|--|
| Principal Place 125 SOUTH I CHICAGO, IL | FRANKLIN S | 125 | Mailing Address 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606 | | | | 3 (| 100/12-1 | | ì | | | |
| 2. Principal P | lace of Busin | 3. Mail | 3. Mailing Address | | | | <i> </i> | 00931 | \mathcal{I} | | | | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | 04242007 | Chg-P | CR2E | 034 (12/06) | | | |
| City & State | | | City | City & State | | | | 4. FEI Numb 59-249 | | | | plied For t Applicable | |
| Zip | Country | | | Zip Count | | | | 5. Certificate of Status Desired \$8.75 Addition Fee Required | | | | | |
| | 6. Name | and Address of Currer | t Registere | d Agent | | | | 7. Name and | Address of New | Registered | l Agent | • | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| İ | | | | | | City | | | | F | Zip Code | 9 | |
| 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 | | | | | | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | | | |
| 10. | | OFFICERS AN | D DIRECTO | RS | 11. | - ·-· ·· | | ADDITIONS | /CHANGES TO OF | FICERS AN | DIRECTORS | S IN 11 | |
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| name Street address | · · <u>-</u> · · · · · · · · · · · · · · · · · · · | | | | | ie Eet address | MAR | KA. HIO | 25 | | | | |
| CITY-ST-ZIP | HIALEAH | | | СІТҮ | | | CHIC | 460, FL | 60661 | | | | |
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| NAME | MARTIN, | | | NAM | EET ADDRESS | KEVI | IN CORR W. ADAV | 16AV | | | | | |
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| NAME | 1 | NE, JULIE | | ~ | NAM | | 502 | anne K. | TO PREY | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | |
| SIGNAT | URE: _ | SIGNATURE AND TYPED O | R PRINTED NAI | / NE OF SIGNING OFFICER | OR DIREC | TOR | | | Date | | Daytime Phone # | | |