File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 1437 25 131 3: 39 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** M9700000564 1a. Principal Place of Business Address COVIA LLC 1200 EAST ALGONQUIN ROAD 1200 EAST ALGONQUIN ROAD BLK GROVE TOWNSHIP IL 60007 ELK GROVE TOWNSHIP IL 60007 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation P.O. Box 66100 09/02/1997 DE Suite, Apt. #, etc. 4. FEI Number ATTN: WHOCT Applied For City & State City & State Not Applicable APPLIED FOR-5. Date of Last Report 6. Certificate of Status Desired Žip Country Sti 75 Additional Ece Herpired USA 60666-0100 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Sulte, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ DATE \_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code AIR LINES MGRM UNITED AIRLINES, INC. 1200 EAST ALGONQUIN ROAD ELK GROVE TOWNSHIP COUIA LLC OSSILERS LIST 600002471086--9 -03/27/98--01089--003 \*\*\*\*188.75 \*\*\*\*188.75 ATTACHE D

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND STILL ON PRINTED NAME OF SIGNING MANAGING MEM

3/18/98

(847)700.4057

# **COVIA LLC**

#### **OFFICERS**

98 MAR 21: PH 3: 39

SECRETAL MALSEVIE

# DAVID A. COLTMAN

Chairman & President 1200 Algonquin Road Elk Grove Township, Illinois 60007

#### STUART I. ORAN

Vice President 1200 Algonquin Road Elk Grove Township, Illinois 60007

#### FREDERIC F. BRACE

Vice President 1200 Algonquin Road Elk Grove Township, Illinois 60007

# FRANCESCA M. MAHER

Secretary 1200 Algonquin Road Elk Grove Township, Illinois 60007

### THOMAS A. MUTRYN

Treasurer 1200 Algonquin Road Elk Grove Township, Illinois 60007

#### JEFFREY T. KAWALSKY

Assistant Treasurer 1200 Algonquin Road Elk Grove Township, Illinois 60007

### MARY JO C. GEORGEN

Assistant Secretary 1200 Algonquin Road Elk Grove Township, Illinois 60007