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Secretary of State
05-05-2003 92182 011 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001187

30069740

1. Entity Name

Regulus America, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 West Kennedy Blvd	2 International Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 422
City & State Tampa, FL	City & State Philadelphia, PA
Zip 33609 / Country	Zip 19113 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2974594
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Mays Street

City: Tallahassee **FL** Zip Code: 32301

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

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr/CEO Richard Long 860 Latour Ct., Napa, CA 94558
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr/President Kathleen Hamburger 2012 Corporate Lane, Suite 108 Naperville, IL 60563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr/CFO Jeffrey Theisen 2 International Plaza, Suite 422 Philadelphia, PA 19113
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CR2E083B (12/02)

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: Jeffrey P Theisen 5/1/03 610.362.7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #