FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90072 016 ***150.00

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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National Access Principal Place of Distances National Access NoRTHBROOK, IL 60062	1. Entity Nam	е	# P02000048 TIES, INC.		94068035							
NORTHBROOK, IL 60062	Principal Place	e of Business	3	Mailing Address		· · · · · · · · · · · · · · · · · · ·		ป	4000	. • . •		
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S. Certification of Status Desired Fee Required	City & State			City & State		4						
BRANNAN, ROBERT C ESC. ROSE, SUNDSTROMA & BENTLEY, LLP 2548 BLAIRSTONE PINES DATE TALLAHASSEE, FL 32301 City FL Zip Code City FL Zip Code The above named ently submits this statement for the purpose of changing its registered aligner, or both, in the State of Florida. I am familiar with, and accept the obligations of registered aligner. SIGNATURE Signature typed or printed name of impatence upon and tile it epobasite. (ACIE Registered Aperts operated with extended aligner.) FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 The above named ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent. MAY 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 The above named ently submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent. MAY 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 This However I am the statement of mostered upon and tile in a policy of the	Zip	Country		Zip Coun		itry	5. Certificate	of Status Desired				
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CITY-ST-ZIP 12. I 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 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.				L.i Delete						∐ Change	☐ Addition	
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