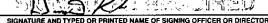
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02952 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name COMARK, INC. 04-20-2000 90029 011 ***150.00 Principal Place of Business Mailing Address 444 SCOTT DRIVE 444 SCOTT DRIVE BLOOMINGDALE IL 60108-3111 BLOOMINGDALE IL 60108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 36-2981402 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State er i galer lagar i files OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE WOLANDE, CHARLES S NAME NAME 444 SCOTT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOOMINGDALE IL** CITY-ST-7IP ☐ Addition Change TITI F ☐ Delete TITLE CORCORAN, PHILIP E NAME NAME 444 SCOTT DRIVE STREET ADDRESS STREET ADORESS BLOOMINGDALE IL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete CORCORAN, VICTORIA K NAME NAME 444 SCOTT DRIVE STREET ADDRESS STREET ADDRESS **BLOOMINGDALE IL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete KEILMAN, DAVID W. NAME NAME 444 SCOTT DRIVE STREET ADDRESS STREET ADDRESS BLOOMINGDALE IL ** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE KOUANDA, GARY NAME 444 SCOTT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLOOMINGDALE IL 60108 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



GARY KOVANDA

4/11/00

630-924-6700

Daytime Phone #