2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000130189 06 NOV 21 AM 11:46 1. Entity Name SEG SANDLAKE CONSULTANTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1212 NORTH LASALLE STREET 1212 NORTH LASALLE STREET SUITE 110 SUITE 110 CHICAGO, IL 60610 CHICAGO, IL 60610 2. Principal Place of Business 3. Mailing Address <u>030 North Clark</u> 1030 N.Clark Street uite, Apt. #, etc. Suite, Apt. #, etc 11092006 REIN-P CR2E098 (11/05) <u>suite</u> 300 Applied For 4. FEL Number & State & State 20-1718443 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired \mathbf{Z} Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 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** 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 In accordance with s. 607 193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITLE TITLE Delete Gouletas Steven E. 1030 N.Clark Street, Suite 300 GOULETAS, STEVEN E NAME NAME 1212 NORTH LASALLE STREET, SUITE 110 STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP CHICAGO, IL 60610 Chicago IL 60610 Change ☐ Addition Delete TITLE TITLE Fish, Michael A. FISH, MICHAEL A NAME NAME 1030 N. Clark Street, Ste. 300 STREET ADORESS STREET ADDRESS 1212 NORTH LASALLE STREET, SUITE 110 hicago IL 60610 CITY-ST-ZIP CUTY-ST-7IP CHICAGO, IL 60610 TITLE **M** Change ☐ Addition ☐ Defete TITLE adden, John B CADDEN, JOHN B NAME NAME 1030 N. Clark Street, Ste. 300 STREET ADDRESS 1212 NORTH LASALLE STREET, SUITE 110 STREET ADDRESS CHICAGO, IL 60610 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DIBENEDETTO, ANTHONY R NAME NAME 1030 N.Clark Street, Ste. 300 1212 NORTH LASALLE STREET, SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60610 Change ☐ Addition ☐ Delete TITLE 1ITLE Schwark, James A NAME NAME SCHWARK, JAMES A 1030N. Clark Street, Ste. 300 1212 NORTH LASALLE STREET, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60610 CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE 814 NAME -01026---006 STREET ADORESS CITY-ST-ZIP

APPROVEL

2. 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.

SIGNATURE: Porthay P. D. Den Lette Seculty 11-14-06 312-595-4714

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date