2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08608

FILED Apr 16, 2012 Secretary of State

Entity Name: CAPITAL AGRICULTURAL PROPERTY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

801 WARRENVILLE ROAD 801 WARRENVILLE ROAD, SUITE 150

SUITE 150 LISLE, IL 60532 US LISLE, IL 60532

Current Mailing Address: New Mailing Address:

801 WARRENVILLE ROAD 801 WARRENVILLE ROAD, SUITE 150

SUITE 150 LISLE, IL 60532 US LISLE, IL 60532

FEI Number: 22-2661428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: ALLISON, CHARLES E PD

Address: 201 S ORANGE AVE, SIGNATURE PLAZA, 00

City-St-Zip: ORLANDO, FL 32801 US

Title: S

Name: MORGAN, PHILIP D S

Address: 3560 LENOX RD NE, TWO ALLIANCE CENTER, 14

City-St-Zip: ATLANTA, GA 30346 US

Title: 7

Name: MUHLHAUSER, JURGEN T Address: 751 BROAD ST, PLAZA, 23 City-St-Zip: NEWARK, NJ 07102 US

Title: VP

 Name:
 BRYANT, ROYCE VP

 Address:
 6750 POPLAR AVE, STE 710

 City-St-Zip:
 MEMPHIS, TN 38138 US

Title: [

 Name:
 JAY, CHRISTOPHER G

 Address:
 801 WARRENVILLE RD, 00

 City-St-Zip:
 LISLE, IL 60532 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARETH JEFFERS POA 04/16/2012