FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 29, 2002 8:00 am Secretary of State DOCUMENT # P19132 1. Entity Name 05-29-2002 90678 022 ***150 00 ARM INTERNATIONAL CORP. Principal Place of Business Mailing Address 200 E RANDOLPH DRIVE P.O. BOX 8264 TAX DEPT., 4TH FLOOR TAX DEPT CHICAGO IL 60601 CHICAGO IL 60684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 34-1581635 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Director Chairman Stephen W. Cross TITLE Delete ☐ Change NAME HUTCHIN, JIM STREET ADDRESS STREET ADDRESS 99 WOOD AVE S. (see attached list) CITY-ST-7IP CITY-ST-ZIP ISELIN NJ 08830 Treasurer TITLE Delete TITLE Change Addition NAME NAME Dawn Sarnoski GERMAN, GARY STREET ADDRESS STREET ADDRESS 99 WOOD AVE S. (See attached list). CITY-ST-ZIP CITY-ST-ZIP <u>ISELIN NJ 08830</u> Executive Vice Pres. ☐ Delete TITLE David Hestington NAME -JADELIS, T STREET ADDRESS STREET ADDRESS 99 WOOD AVE S. (see attached list). CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 Director, Secretary TITLE TITLE ☐ Delete NAME NAME Philip J. Stevens BARNHOUSE, DORIS STREET ADDRESS STREET ADDRESS 6480 ROCKSIDE WOODS (See attached list). CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH** Senior Vice President Change ☐ Delete TITLE ☐ Addition NAME NAME SHAWVER, EMORY James BUIKOWSKI STREET ADDRESS 99 WOOD AVE SR. STREET ADDRESS (See attached list). CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 Vice President-Tax Actinge ☐ Delete TITI F Addition NAME BAER, JEROME I 200 E. Kandolph St. STREET ADDRESS STREET ADDRESS 200 E RANDOLPH DRIVE CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 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

Daytime Phone #