changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State DOCUMENT # P21069 1. Entity Name ROYAL HOME PROTECTION PLAN, INC. 05-01-2002 91624 032 ***150.00 Principal Place of Business Mailing Address 200 E. RANDOLPH DRIVE TAX DEPARTMENT B0081508 TAX DEPT., 4TH FLOOR P.O. BOX 8264 CHICAGO IL 60601 CHICAGO IL 60680 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 48-1058076 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete TITLE COLE, DAVID L ☐ Addition CR2E034 (9/01 COLE, DAVID L NAME NAME: 200 E RANDOLPH ST STREET ADDRESS 123 N WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL CHICAGO IL 60601 CITY-ST-ZIP TITLE D۷ Delete TITLE Change DEUISIGREGG ☐ Addition NAME DAVIS, GREGG NAME ZOO E RINDULPH ST STREET ADDRESS :123 N. WACKER DR STREET ADDRESS CITY-ST-ZIP **CHICAGO T** CITY-ST-ZIP CHICAGO 60601 TITLE □.Delete: TITLE-___Change Addition_ NAME AIGOTTI, DIANE NAME STREET ADDRESS 200 E. RANDOLPH DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60601 TITLE ☐ Delete TITLE Change ■ Addition MARKOVITS, ROMMO NAME MARKOVITS, RONALD MAME 200 E RANDOLPH ST STREET ADDRESS -123 N. WACKER-DR -STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP TITLE ☐ Delete TITLE ___Change ☐ Addition BAGR, JEROME 1 NAME BAER, JEROME I NAME 200 E RANDOLPH ST STREET ADDRESS -123 N. WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CHICAGO IL 60606 CITY-ST-ZIP SHEPARD ROBBERT 200 E. RANDOLPH ST TITLE DV ☐ Delete TITLE **X** Change ☐ Addition SHEPARD, ROBERT NAME STREET ADDRESS 123 N. WOCKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL CHICAGO CITY-ST-ZIP IC 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