2002 UNIFORM BUSINESS REPORT (UBR) Roleman							
DOCUMENT # PA3439 1. Entity Name		ERNS CHICA	T& YOUNG LL 34-6565596 GO, H, 60606-630	FILED			
Vastar G	as Mark	eting, Inc.		02 MAY 22 AM 9: 39			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
				0000056941503 -06/06/0201007027 ***2100.00 ****150.00			
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 400 & Lan Suite, Apt. #, etc. Suite, Apt. #, etc.			nddph Drive				
City & State		City & State		4. FEI Number Applied For Applied For			
Chiango IL Zip Country		Chicago I	Country	16-AA534 5. Certificate of Status Desired	\$0.75 Ad	ot Applicable	
لواله الله الله الله الله الله الله الله	Idress of Current Re	agistered Agent		7. Name and Address of New Reg	Fee Require	ed	
Name				The sale was the sale of the s			
CT Corporation System 1200 S. Pine Island Road			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
Plantation FL 33324							
			City		FL Zip Coo	de	
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							
Tax filing requirement and elects to do so. After MAY 1, 2002			FEE IS \$150.00 2Fee will be \$550.00 e to Department of Sta	10. Election Campaign Finar Trust Fund Contribution.	· _ +	00 May Be d to Fees	
11. OFFICERS AND DIRECTORS		A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	12.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME T FOUNTAIN STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP ZOU EAST RAIN	DOLPH DRIVE,	CHICAGO, ILLINOIS	-		Channe		
NAME OR ALVAREZ		L_J Delete	TITLE NAME L STREET ADDRESS		☐ Change	Addition 2	
CITY-ST-ZIP 200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS BOSO 3T-ZIP							
TITLE . T NAME R J Novaria		☐ Delete .	TITLE NAME	·	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP 200 EAST RANDOLPH DRIVE, CHICAGO, ILLINOIS COED CITY-ST-ZIP							
NAME DA Plumb		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
	DOLPH DRIVE,	CHICAGO, ILLINOIS	STREET ADDRESS OGO 1: 1-ZIP	70.5			
NAME JL SINDA		☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP 200 EAST RAN	DOLPH DRIVE, (CHICAGO, ILLINOIS	CITY-ST-ZIP				
TITLE ; D NAME	QL.	Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS T	~	CHICAGO, ILLINOIS	STREET ADDRESS OSO 1 _{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 attagramment with an address, with all other like empowered.							
SIGNATURE: 1 SIGNATURE 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #							