

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 11 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27575

1. Corporation Name

Chase Investment Services Corp.

2. Principal Office Address

300 S. Riverside Plaza

Suite, Apt. #, etc.

420 W. VanBuren St.

City & State

Chicago, Illinois

Zip

60606-6613

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-4-90

5. FEI Number

133538956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200054679392

05/17/05--01036--022 **150.00

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200054679392

05/17/05--01036--021 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

5/10/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. & Dir.	W. Robert Felker	131 S. Dearborn St.	Chicago, IL 60603
Dir.	Charles W. Scharf	270 Park Ave.	New York, NY 10017
Treas.	Teresa L. Warta	131 S. Dearborn St.	Chicago, IL 60603
Sec.	James C.P. Berry	270 Park Ave.	New York, NY 10017
Dir.	Michael J. Reed	1111 Polaris Parkway	Columbus, OH 43240
Asst. Sec.	Jeffrey L. Davis	10 S. Dearborn St.	Chicago, IL 60603

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Teresa L. Warta* Teresa L. Warta, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6, 2005 (312) 336-2164

Date

Daytime Phone #