# FILED
# Apr 22, 2002 8:00 am
# Secretary of State

04-22-2002 90123 002 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

636149

DOCUMENT # P29129

1. Entity Name

EC MANAGERS, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 900 North Michigan Avenue | 900 North Michigan Avenue |
| Suite, Apt. #, etc.: Suite 900 | Suite, Apt. #, etc.: Suite 900 |
| City & State: Chicago, Illinois | City & State: Chicago, Illinois |
| Zip: 60611 Country: USA | Zip: 60611 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 36-3554520 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33434

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 _____ DATE

(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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1, Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE | Director | TITLE | |
| NAME | Gary Nickele | NAME | |
| STREET ADDRESS | 900 North Michigan Avenue | STREET ADDRESS | |
| CITY-ST-ZIP | Chicago, Illinois 60611 | CITY-ST-ZIP | |
| TITLE | President | TITLE | |
| NAME | Neil G. Bluhm | NAME | |
| STREET ADDRESS | 900 North Michigan Avenue | STREET ADDRESS | |
| CITY-ST-ZIP | Chicago, Illinois 60611 | CITY-ST-ZIP | |
| TITLE | Vice President | TITLE | |
| NAME | Stephen A. Lovelette | NAME | |
| STREET ADDRESS | 900 North Michigan Avenue | STREET ADDRESS | |
| CITY-ST-ZIP | Chicago, Illinois 60611 | CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE | Secretary | TITLE | |
| NAME | Paul C. Nielsen | NAME | |
| STREET ADDRESS | 900 North Michigan Avenue | STREET ADDRESS | |
| CITY-ST-ZIP | Chicago, Illinois 60611 | CITY-ST-ZIP | |
| TITLE | Assistant Secretary | TITLE | |
| NAME | Karen M. Ewing | NAME | |
| STREET ADDRESS | 900 North Michigan Avenue | STREET ADDRESS | |
| CITY-ST-ZIP | Chicago, Illinois 60611 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Karen M. Ewing Asst. Secretary 03/25/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)