2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90068 044 ***150.00

DOCUMENT # P29129

1. Entity Name
EC MANAGERS, INC.

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE SUITE 900 CHICAGO, IL 60611	900 NORTH MICHIGAN AVENUE SUITE 900 CHICAGO, IL 60611

2. Principal Place of Business	3. Mailing Address
900 N. Michigan Avenue	900 N. Michigan Avenue
Suite, Apt. #, etc.: Suite 1400	Suite, Apt. #, etc.: Suite 1400
City & State: Chicago, Illinois	City & State: Chicago, Illinois
Zip: 60611 Country: USA	Zip: 60611 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLUHM, NEIL G. 900 N. MICHIGAN AVENUE CHICAGO, IL 60611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOVELETTE, STEPHEN A. 900 N. MICHIGAN AVE. CHICAGO, IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NIELSON, PAUL C. 900 N. MICHIGAN AVE. CHICAGO, IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKELE, GARY 900 N. MICHIGAN AVE. CHICAGO, IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nickele. Gary 900 N. Michigan Avenue Chicago, Illinois 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS EWING, KAREN M 900 N MICHIGAN AVE CHICAGO, IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen M. Ewing Karen M. Ewing 04/14/03 (312) 915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #