2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # P29701** 1. Entity Name HOOSIER FACTORIES INCORPORATED 05-08-2000 90091 033 ***150.00 Principal Place of Business Mailing Address 5000 SOUTH OHIO ST. 5000 SOUTH OHIO ST. MICHIGAN CITY IN 46360 MICHIGAN CITY IN 46360-7740 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 35-1103970 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD XX Addition CR2E034 (9/99 ĎX_{elete} P ☐ Change TITLE TITLE RICKS, ROYDON R NAME Biegel, Richard L. NAME 5000 SOUTH OHIO ST. STREET ADDRESS STREET ADDRESS 101 North Wacker Dr. Ste 2300 Chicago, IL 60606 CITY-ST-ZIP MICHIGAN CITY IN CITY-ST-7IP XX Addition ☐ Change TITLE XXI Delete TITLE BELLUSCI, BRUCE Hagen, Aaron C. NAME NAME 101 North Wacker Dr Ste 2300 5000 S OHIO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MICHIGAN CITY IN Chicago, IL 60606 ۷D ☐ Change ☐ Addition ☐ Delete TITLE MORGAN, GLEN R NAME NAME 101 N WACKER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TD ☐ Change Addition ☐ Delete CONDON, JAMES E NAME NAME STREET ADDRESS 101 N. WACKER DR. STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE SMITH, THOMAS NAME 5000 S OHIO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICHIGAN CITY IN SD Change ☐ Addition TITLE ☐ Delete TITLE PROCZKO, TARAS R NAME 101 N WACKER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL

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 accorate 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 attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000

312 357-5321

Daytime Phone #