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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P32927~~ P31036 ~~(9)~~

1. Corporation Name
BD TWO INC.

600001492676
-05/17/95--01183--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
ONE FIRST NATIONAL PLAZA, 19TH FLOOR CHICAGO IL 60670-7308	ONE FIRST NATIONAL PLAZA, 19TH FLOOR CHICAGO IL 60670-7308

3. Date Incorporated or Qualified: 09/21/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 36-3721369 — Applied / Not App
5. Certificate of Status Desired ☐ — $8.75 Additic Fee Require
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Added to Fee
8. This corporation has liability for intangible tax under S. 199.03 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD	11 TITLE	☐ Change ☐
NAME	MALEY, JAMES J.	12 NAME	
STREET ADDRESS	ONE FIRST NAT. PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐
NAME	DIBERNARDO, RICHARD J	22 NAME	
STREET ADDRESS	ONE FIRST NAT. PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐
NAME	HABICHT, PATRICIA T.	32 NAME	
STREET ADDRESS	ONE FIRST NAT. PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐
NAME	ROBERTS, WILLIAM J.	42 NAME	
STREET ADDRESS	ONE N. DEARBORN, 14TH FL	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐
NAME	MCGEE, PHILLIP E.	52 NAME	
STREET ADDRESS	ONE FIRST NAT. PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	
TITLE	AT	61 TITLE	☐ Change ☐
NAME	DONOVAN, JAMES E	62 NAME	
STREET ADDRESS	ONE FIRST NAT PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	

2A
5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I fu certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made 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 n appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Donovan — 4-28-95 — (312)467-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James E. Donovan