FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P34748 1. Entity Name 04-29-2002 90102 033 ***150 COM REALTY OF ILLINOIS, INC. Mailing Address Principal Place of Business ATTN: TAX-2 SOUTH 2700 SANDERS RD 2700 SANDERS ROAD 2-5 PROSPECT HEIGHTS IL 60070 PROSPECT HEIGHTS IL 60070 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 36-3497260 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME KLUG, L.C.

TITLE STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL Addition ☐ Change Ancona, Eb. Delete TITLE TITLE NAME NAME FRIEDRICH, D.A. STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 CITY-ST-7IP □ Addition ☐ Delete TITLE TITLE AS NAME NAME ANGELO, J.M. STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VP** NAME NAME MORRIS, L. J. STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DELUCA, M. A. STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL ☐ Change Addition Delete TITLE TITLE NAME NAME SCHWARTZ, P.D. STREET ADORESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL 60070

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

SIGNATURE SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR OFFICER OR OFFICER OF OFFICER OFFICER OF OFFICER OFFIC