2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90120 007 ***150.00

D0046894

DO NOT WRITE IN THIS SPACE

DOCUMENT # P38691

1. Entity Name
True North Holdings (Latin America), Inc.

Principal Place of Business
c/o True North Services
13801 FNB Parkway
Omaha, NE 68154

Mailing Address
c/o True North Services
13801 FNB Parkway
Omaha, NE 68154

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1849797 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Plantation Road
Plantation, FL 33324

7. Name and Address of New Registered Agent
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.

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

FILE NOW!!! FEE IS ~~$60.00~~ $150.00
Make Check Payable to Department of State

9. Officers / Directors ~~MANAGING MEMBERS/MEMBERS~~

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DV	Chester, Gary	101 East, Erie Street	Chicago, IL 60611	☐
DVT	Ashley, Kenneth	101 East Erie Street	Chicago, IL 60611	☐
P/CEO	Hollingsworth, Scott	1401 Brickell Avenue	Miami, FL	☐
V	Michael L. Schultz	13801 FNB Parkway	Omaha, NE 68154	☐
DVT	Perona, Dale	101 East Erie Street	Chicago IL, 60611	☐
V Sec	Bryce, Ron	101 East Erie Street	Chicago, IL 60611	☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Michael L. Schultz 4/23/01 402-965-4720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)