2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # P96000084172 1. Entity Name 05-27-2002 90300 034 ***150.00 CGI CAPITAL, INC. Mailing Address Principal Place of Business 1011 CAMPUS DRIVE 1011 CAMPUS DRIVE MUNDELEIN IL 60060 MUNDELEIN IL 60060 US US 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 65-0701214 Not Applicable \$8.75 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATLAS PEARLMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) % ROXANNE K. BEILLY, ESQ. 350 E. LAS OLAS BLVD, #1700 Zip Code City FORT LAUDERDALE FL 33301 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 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE NAME ANDREWS, MICHAEL CR2E034 STREET ADDRESS STREET ADDRESS 815 WESTMORELAND DRIVE APT 13 CITY-ST-ZIP CITY-ST-ZIP VERNON HILLS IL 60061 ☐ Addition Change TITLE TITLE ☐ Delete CEO NAME NAME TANNER, ARTHUR STREET ADDRESS STREET ADDRESS 23460 GARDEN LANE CITY-ST-ZIP CITY-ST-ZIP LAKE ZURICH IL 60047 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME Brown, Erik STREET ADDRESS STREET ADDRESS 602 APT. C SOUTH MILWAUKEE AVENUE CITY-ST-ZIP CITY-ST-ZIP LIBERTYVILLE IL 60048 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME HALPERN, GREG STREET ADDRESS STREET ADDRESS 1713 NORTH PLAYER COURT CITY-ST-7IP CITY-ST-ZIP vernon Hills IL 60060. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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 supplimental 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 attac