FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 08, 2002 8:00 am Secretary of State

| DOCUMENT # P98000026791 1. Entity Name | | | | | 05-08-2002 90130 005 ***150.00 | | |
|---|---|---|----------------------------|-------------------------|--|-----------------|--|
| INLANI | D SOUTHEAST INVESTMEN | T CORPORATION | | | | | |
| 787 MALL | DO NOT WRITE | IN THIS S | PAC | | <u>-</u> | | |
| Principal Place of Business 3. Mailing Address | | | | | _ | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State City & State | | | | | 4. FEI Number 36–4218190 Applied For Not Applicab | | |
| Zip | Country | Zip Country | | у | 5. Certificate of Status Desired \$8.75 Fee Rec | Additional | |
| | | | - | Name | 7. Name and Address of Current Registered Agent | | |
| | DO NOT WRITE | | | Street Address | (P.O. Box Number is Not Acceptable) | | |
| | IN THIS SPA | ACE | | Chia | | | |
| 100 Page 1 | | | | FL Zip Code | | | |
| SIGNATURE . | named entity submits this statement for t | ne purpose of changing its | registered | onice or register | red agent, or both, in the state of Florida. | | |
| | Signature, typed or printed name of registered agent and | title if applicable. (NOT) | E: Registered A | gent signature required | d when reinstating) DATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Ma After May 1 Amended Make Check Payable | | | 1, Fee is | \$550.00 \$61.25 | Trust Fund Contribution Ac | 5.00 May Be | |
| 11. | OFFICERS AND D | | ole to Deb | artinent of Sta | te | | |
| TITLE | P | | TITLE | | 1418 | | |
| NAME | COSENZA, G. J | | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 2901 Butterfield Roa Oak Brook, IL 60523 | ad ———————————————————————————————————— | STREET A | ADDRESS . I-ZIP | | | |
| TITLE | VP | | TITLE | | | - | |
| NAME STREET ADDRESS | SANDERS, STEVEN | | NAME | | | | |
| CITY-ST-ZIP | 2901 Butterfield Roa Oak Brook, IL 60523 | ad | CITY-ST | ADDRESS | | Į | |
| TITLE | TS | | | - 211- | | | |
| NAME | KREMIN, ALAN | | TITLE NAME | | | | |
| STREET ADDRESS | 2901 Butterfield Roa | ad. | STREET A | ADDRESS | | } | |
| CITY-ST-ZIP | Oak Brook, IL 60523 | ıu | CITY-ST | -ZIP | DO NOT WRITE | 1 | |
| TITLE | D . | **** | THILE | | IN THE COACE | | |
| نن NAME | COSENZA, G. J | | NAME | | IN THIS SPACE | } | |
| STREET ADDRESS CITY - ST - ZE? | 2901_Butterfield_Roa | ad | STREET A | | | } | |
| | Oak Brook, IL 60523 | | CITY-ST | •ZIP | | | |
| TITLE | D | | TITLE | | · · · · · · · · · · · · · · · · · · · | | |
| STREET ADDRESS | KREMIN, ALAN | | | DD0000 | | `, | |
| CITY~ST-ZIP | 2901 Butterfield Roa Oak Brook, IL 60523 | ad | STREET A | | | | |
| TITLE | D | · · · · · · · · · · · · · · · · · · · | | - ZII. | | | |
| NAME | PARKS, ROBERT D. | | TITLE | | | · | |
| STREET ADDRESS | 2901 Butterfield Roa | o.đ | NAME Street a | DORESS | | 1 | |
| CITY-ST-ZIP | Oak Brook, IL 60523 | ıu | CITY-ST- | | | ļ | |
| 13. I hereby ce | ertify that the information supplied with thi | s filing does not qualify for | | | ction 110 07/3)(i) Florido Chauses I.C. | | |
| of the corp | on this report or supplemental report is tru poration or the receiver or trustee empow | e and accurate and that me ered to execute this report | y signature Las require | shall have the s | ction 119.07(3)(i). Florida Statutes, I further certify that th ame legal effect as if made under oath; that I am an offic 17, Florida Statutes; and that my name appears in Block | cer or director | |

4/29/02

(630) 218-8000