## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # v38669

1. Entity Name

## **FILED** Mar 05, 2004 8:00 am Secretary of State 03-05-2004 90019 043 \*\*\*150.00

2. Principal Pack of Business 2. A Mailing Address 3. Mailing Address 4. FEINAMES 4. A RIC. 3. STH FLOOR 3. S	HUDSON	N GLOBAL RESOURCES AM					
6.22 THIRD AVENUE  3 BYTH PLOOR  A PEN WORK, NY  A PEN WORK, NY  2D  Country  100.17  Country  100.17  A Secretical of Status Desired   \$8.75 Additional Proof CORPORATION SERVICE COMPANY  Super Address (P.O. Box Number is Not Acceptable)  120.1 HAYS STREET  120 Code  123 20 1 - 0.0.0.0  121 HAYS STREET  120 Code  122 HAYS STREET  120 Code  123 20 1 - 0.0.0.0  123 1 - 0.0.0.0  120 HAYS STREET  120 Code  123 20 1 - 0.0.0.0  120 HAYS STREET  120 Code  123 20 1 - 0.0.0.0  120 HAYS STREET  120 Code  120 HAYS STREET  120 COMPANY  120 COMP			94025958				
Suite, Apt. 4, etc.  38TH PLOOR  38TH PLOOR  Cry & State  Country	•		· ·		·		
City & State NEW YORK, NY    Page   P					DO NOT WRITE IN THIS SPACE		
NEW YORK, NY    New YORK, NY   S9-3133490   Not Applicable   S8. Certificate of Status Desired   S8. 75 Additional Fee Focusion   Fee Focusional Fee Focusio	·		<u> </u>		4 FEI New York		
Country	•		1 7			Not Applicable	
Name   CORPORATION SERVICE COMPANY   Street Address (P.O. Box Number is Not Acceptable)	•	Country	Zip	Country			
Signatury 1-10-15 Septiment Agent by Signature States (Signature) Street Address (P.O. Box Number is Not Acceptable)  1201 HAYS STREET  City TALLAHASSEE FL Zip Code 32301 - 0000 The obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with,	7.71				7. Name and Address of Current Registered Ag	ent	
ECRY TALLAHASEE  FL Zip Code 323.01—0.000  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typid or prised carries of registered agent and title if approximate.  Annum by Signature, typid or prised carries of registered agent and title if approximate.  Annum by Signature, typid or prised carries of registered agent and title if approximate.  Annum by Signature, typid or prised carries of registered agent and title if approximate.  Annum by Signature, typid or prised carries of registered agent and title if approximate.  Orifice Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  INTE  ANALY THE Signature, typid or prised carries of registered agent and title if approximate.  Orifice Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  INTE  ANALY THE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  INTE  ANALY THE AGENT A		witeow ever	ರ್ಷಕ್ಕ	Name CORP	CORPORATION SERVICE COMPANY		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismilliar with, and accept the part of the part agreed agent ag	THE SPACE			1201 HAY	1201 HAYS STREET		
B. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  AND SIGNATURE  SIGNATURE  AND SIGNATURE  SIGNATURE  AND SIG				City TALLAH			
SIGNATURE  SIGNATURE  Signature, hyeld or private ram of impatition agent and this ill expiritable. (NOTE: Registrated Agent signature required when remaining)  Attrofflary (Lifectis SS 50,000 Attrofflary (Lifetis SS 50,000 Attroffl	32301-0000						
Signature, speed or printed name of implated agent and slip stip probable.   (NOTE: Regulated Agent signature required when recreitable)   DATE							
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TILE NAME STREET ADDRESS CITY-ST-ZIP TILE SECRETARY LATHAM WILLIAMS STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE SECRETARY LATHAM WILLIAMS 225 WEST WACKER DRIVE, #2100 CHICAGO, IL 60606 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE DIRECTOR NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE TILE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRE	January 1 olizy 1 fee is (1500) Alice May 1 fee is (1500) Amenical UER is (31,23 Make Cheer Payed to Florica Cepe imprior State						
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NAME STREET ADDRESS CITY-ST-ZIP TITLE ASSISTANT SECRETARY ROBERT BUCCARELLI STREET ADDRESS CITY-ST-ZIP TITLE THOMAS MORAN 225 WEST WACKER DRIVE, #2100 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THOMAS MORAN 225 WEST WACKER DRIVE, #2100 CHICAGO, IL 60606  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREE	NAME STREET ADDRESS	THOMAS MORAN 225 WEST WACKER DRIV	E, #2100	NAME SINGWINEED			
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I nereby 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 eath; 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: