FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V58911 (1)AP EQUITIES OF FLORIDA, INC. Principal Place of Business Mailing Address 2400 E DEVON AVE 2400 E DEVON AVE SUITÉ 280 SUITE 280 DES PLAINES IL 60018 DES PLAINES IL 60018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3840848 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 ☐ Yes □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC. Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** 83 TALLAHASSEE FL 32301 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HOLTZ, MICHAEL P NAME 1.2 NAME **2400 E DEVON AVE STE 280** STREET ADDRESS 1.3 STREET ADDRESS DES PLAINES IL CITY-ST-ZIP 1.4 CITY-ST-ZIP VSTD DELETE Change Addition TITLE 2.1 TITLE CERQUA, RUSSELL J NAME 2.2 NAME 2400 E DEVON AVE STE 280 STREET ADDRESS 2.3 STREET ADDRESS **DES PLAINES IL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Mairman Director Change TITLE 3.1 TITLE Torchia, H. Andrew 2400 E. Devon Ave., Suite 280 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DOS Plaines, IL 60018 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

Duscoll | Covaria Sanyakura Harlan 847, 200 - 1670

6.4 CITY - ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if chapters or on an attachment with an address.