2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V58911** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name AP EQUITIES OF FLORIDA, INC. 04-11-2000 90104 001 ***450.00 Mailing Address Principal Place of Business 2400 E DEVON AVE 2400 E DEVON AVE SUITE 280 SUITE 280 DES PLAINES IL 60018-4617 DES PLAINES IL 60018 3. Mailing Address 2. Principal Place of Business Allington Heights Pd 365 S. Arlinaton Heights Ra DO NOT WRITE IN THIS SPACE otios vite 400 Applied For 4. FEI Number City & State 36-3840848 Not Applicable Arlington Heights \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE X Delete Michael P. Holtz ARNSON, CRAIG S 2355 3. Ailington Heights Pd. 4400 NAME NAME STREET ADDRESS 2400 E DEVON AVE STE 280 STREET ADDRESS Arlington Heights, Illinois CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60018 5,T+75 TITLE ☐ Delete James 6. Dale DALE, JAMES B NAME NAME 2355 S. Arlington Heights Rd. #400 STREET ADDRESS 2400 E DEVON AVE STE 280 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60018 Actington Heights, Illinois 60005 Change Addition TITLE Delete TITLE TORCHIA, H. ANDREW NAME NAME 2400 E. DEVON AVENUE, SUITE 280 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60018 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE

13. 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 supplemental 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 attachment with an address, with all other like empowered.

3. **India **India

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS



3/22/00

847-228-5400

Daytime Phone #