

1.) CORPORATION NAME:

**CBI SERVICES, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0487563**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000,000  |
| PREFER | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14107 S. ROUTE 59

CITY/ST/ZIP: PLAINFIELD, IL 60544-8984

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|--|---|--|
| <p>NAME: ADAM W. MOHR<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 3451 REDWING DR.<br/>CITY/ST/ZIP/CO: NAPERVILLE, IL 60564-4426</p>  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: WALTER G. BROWNING<br/>TITLE: SECRETARY<br/>ADDRESS: 6 HAMPTON PLACE<br/>CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380</p>    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: TERENCE G BROWNE<br/>TITLE: TREASURER<br/>ADDRESS: 6946 N OLEANDER AVE<br/>CITY/ST/ZIP/CO: CHICAGO, IL 60631</p>        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: PHILIP K ASHERMAN<br/>TITLE: DIRECTOR<br/>ADDRESS: 38 GRAND GARDEN CT<br/>CITY/ST/ZIP/CO: THE WOODLANDS, TX 77381</p>   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: MICHAEL E. SUPLIZIO<br/>TITLE: DIRECTOR<br/>ADDRESS: 426 71ST STREET<br/>CITY/ST/ZIP/CO: DARIEN, IL 60561</p>           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: MARK A STOBART<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 3604 BREITWEISER LN.<br/>CITY/ST/ZIP/CO: NAPERVILLE, IL 60564</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |

NAME: TERRENCE G BROWNE  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: 6946 N. OLEANDER AVE.  
CITY/ST/ZIP/CO: CHICAGO, IL 60631

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |   |                  |
|---|---|------------------|
| <u>/s/ WALTER G. BROWNING</u>                       | <u>WALTER G. BROWNING,</u>                    | <u>6/27/2012</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY<br>PRINTED NAME AND CORPORATE TITLE | DATE             |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.