

| | | | | | |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME: FIRST FINANCIAL BUILDING CORPORATION | DUE DATE: 10/31/2012 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 | SCC ID NO: F1087818 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: IL | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15450 SOUTH OUTER FORTY RD
STE 300

CITY/ST/ZIP: CHESTERFIELD, MO 63017

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.

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CHARLES J ZAEGEL TITLE: SR VP/S/T ADDRESS: 15450 SOUTH OUTER FORTY RD #300 CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017 | | |

| | | |
|--|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: JOHN M UNGASHICK TITLE: VP/S/CONT ADDRESS: 415 WEST GOLF RD, SUITE 19 CITY/ST/ZIP/CO: ARLINGTON HEIGHTS, IL 60005 | | |

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN T GOLITZ TITLE: CHAIRMAN ADDRESS: 415 W COLF ROAD SUITE 19 CITY/ST/ZIP/CO: ARLINGTON HTS, IL 60005 | | |

| | | |
|--|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KEVIN J BLAIR TITLE: DIRECTOR ADDRESS: 15452 SOUTH OUTER FORTY RD #300 CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017 | | |

| | | |
|---|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: GRANT MCCULLAGH TITLE: DIRECTOR ADDRESS: 43 LOCUST RD CITY/ST/ZIP/CO: WINNETKA, IL 60093 | | |

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.

| | | |
|---|----------------------------------|------------|
| /s/ CHARLES J ZAEGEL | CHARLES J ZAEGEL, SR VP/S/T | 10/22/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | 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.