

1.) CORPORATION NAME:

**AHA Solutions, Inc.**

DUE DATE: **10/31/2010**

SCC ID NO: **F1449976**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE N FRANKLIN 30TH FLR

CITY/ST/ZIP: CHICAGO, IL 60606-

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.

NAME: ANTHONY J BURKE  
TITLE: PRESIDENT  
ADDRESS: ONE NORTH FRANKLIN ST 30TH FL  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: NEIL JESUELE  
TITLE: EXEC VP  
ADDRESS: ONE NORTH FRANKLIN  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: R JOHN EVANS  
TITLE: TREASURER  
ADDRESS: ONE NORTH FRANKLIN  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: DEBORAH CLAFLIN  
TITLE: SECRETARY  
ADDRESS: ONE NORTH FRANKLIN  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

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/ ANTHONY J BURKE

ANTHONY J BURKE, PRESIDENT

8/4/2011

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.