

1.) CORPORATION NAME:

DUE DATE: **12/30/2010**

**Prairie State Administrative Services, Inc.**

SCC ID NO: **F1651555**

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**

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: 111 NORTH CANAL ST STE 940

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.

<p>NAME: TIMBERLEE TAMRAZ GROVE TITLE: PRESIDENT ADDRESS: N14 W 23800 STONE RIDGE DR CITY/ST/ZIP/CO: WAUKESHA, WI 53188-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>
<p>NAME: JAMES R ELIZALDE TITLE: SR VP ADDRESS: 111 NORTH CONEL ST, ST 940 CITY/ST/ZIP/CO: CHICAGO, IL 60606-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>
<p>NAME: ANNE GALBRAITH WALESKI TITLE: TREASURER ADDRESS: 4521 HIGHWOODS PKWY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>
<p>NAME: KATHLEEN ANNE STURGEON TITLE: SECRETARY ADDRESS: TEN PARKWAY NORTH CITY/ST/ZIP/CO: DEERFIELD, IL 60015-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>
<p>NAME: RICHARD REEVES WHITT III TITLE: DIRECTOR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-</p>	<p><input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR</p>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEWEY MICHAEL JONES DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS MICHAEL CROWLEY DIRECTOR 4600 COX ROAD GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KATHLEEN ANNE STURGEON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN ANNE STURGEON, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/8/2010 DATE
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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.