

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

CORPORATION FOR INTERNATIONAL BUSINESS

SCC ID NO: **F1730748**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 325 N HOUGH ST 2ND FL

CITY/ST/ZIP: BARRINGTON, IL 60010-

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: CURT E H WILSON
TITLE: P/CEO
ADDRESS: 325 N HOUGH ST 2ND FLOOR
CITY/ST/ZIP/CO: BARRINGTON, IL 60010-

OFFICER

DIRECTOR

NAME: LESLIE AUGUST
TITLE: VICE PRESIDENT
ADDRESS: 325 N HOUGH ST
2ND FLOOR
CITY/ST/ZIP/CO: BARRINGTON, IL 60010-

OFFICER

DIRECTOR

NAME: STEPHEN CONNOR
TITLE: ASST SECRETARY
ADDRESS: 325 N. HOUGH ST
2ND FLOOR
CITY/ST/ZIP/CO: BARRINGTON, IL 60010-

OFFICER

DIRECTOR

NAME: RACHEL KERN
TITLE: ASST SECRETARY
ADDRESS: 325 N HOUGH ST
2ND FLOOR
CITY/ST/ZIP/CO: BARRINGTON, IL 60010-

OFFICER

DIRECTOR

NAME: MICHAEL L HOST
TITLE: TREASURER
ADDRESS: 325 N HOUGH ST
2ND FLOOR
CITY/ST/ZIP/CO: BARRINGTON, IL 60010-

OFFICER

DIRECTOR

NAME: BRUCE A WILSON TITLE: DTR/CHAIR ADDRESS: 325 N HOUGH ST 2ND FL CITY/ST/ZIP/CO: BARRINGTON, IL 60010-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN MICHEL TITLE: DIRECTOR ADDRESS: 325 N HOUGH ST 2ND FLOOR CITY/ST/ZIP/CO: BARRINGTON, IL 60010-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MOIRA D H WILSON TITLE: DIRECTOR ADDRESS: 325 N HOUGH ST 2ND FLOOR CITY/ST/ZIP/CO: BARRINGTON, IL 60010-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN CONNOR TITLE: ASST SECRETARY ADDRESS: 325 N HOUGH ST 2ND FLOOR CITY/ST/ZIP/CO: BARRINGTON, IL 60010-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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.	
<u>/s/ RACHEL KERN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL KERN, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>11/28/2011</u> 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.	