

1.) CORPORATION NAME:

CORPORATION FOR INTERNATIONAL BUSINESS

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1730748**

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: 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 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | P/CEO | | |
| ADDRESS: | 325 N HOUGH ST 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | BARRINGTON, IL 60010 | | |

| | | | |
|-----------------|-----------------------------|---|--|
| NAME: | LESLIE AUGUST | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 325 N HOUGH ST 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | BARRINGTON, IL 60010 | | |

| | | | |
|-----------------|------------------------------|---|-----------------------------------|
| NAME: | STEPHEN CONNOR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 325 N. HOUGH ST 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | BARRINGTON, IL 60010 | | |

| | | | |
|-----------------|-----------------------------|---|-----------------------------------|
| NAME: | RACHEL KERN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 325 N HOUGH ST 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | BARRINGTON, IL 60010 | | |

| | | | |
|-----------------|-----------------------------|---|--|
| NAME: | MICHAEL L HOST | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 325 N HOUGH ST 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | BARRINGTON, IL 60010 | | |

| | | | |
|--|--|---|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BRUCE A WILSON DTR/CHAIR 325 N HOUGH ST 2ND FL BARRINGTON, IL 60010 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MOIRA D H WILSON DIRECTOR 325 N HOUGH ST 2ND FLOOR BARRINGTON, IL 60010 | <input type="checkbox"/> OFFICER | <input checked="" 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. | | | |
| /s/ RACHEL KERN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | RACHEL KERN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE | 11/19/2012 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. | | | |