I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/21/2013 SIGNATURE: HOLLY E SMITH ACCOUNTING MANAGER

Electronic Signature of Signing Officer/Director Detail

Entity Name: PORTER LEE CORPORATION **Current Principal Place of Business:**

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

1901 WRIGHT BLVD. SCHAUMBURG, IL 60193

Current Mailing Address:

DOCUMENT# F07000001420

1901 WRIGHT BLVD. SCHAUMBURG, IL 60193

FEI Number: 36-4103323

Name and Address of Current Registered Agent:

ALLENFORT, LAURA 5213 S.W. 8TH PL CAPE CORAL, FL 33914 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent **Officer/Director Detail :** Title Ρ Title S Name SMITH, TIM Name SMITH, HOLLY E Address 4807 WOODCLIFF CT. Address 4807 WOODCLIFF COURT City-State-Zip: ROLLING MEADOWS IL 60008 City-State-Zip: ROLLING MEADOWS IL 60008

Certificate of Status Desired: No

Mar 21, 2013 Secretary of State CC9393434992

Date

FILED

Date