

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90123 002 ***150.00

DOCUMENT # P29129

1. Entity Name

EC MANAGERS, INC.

636149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 900 North Michigan Avenue Suite, Apt. #, etc. Suite 900		3. Mailing Address 900 North Michigan Avenue Suite, Apt. #, etc. Suite 900		4. FEI Number 36-3554520		Approved for Not Applicable	
City & State Chicago, Illinois		City & State Chicago, Illinois		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 60611	Country USA	Zip 60611	Country USA				

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent					
				Name C T Corporation System					
				Street Address (P.O. Box Number is Not Acceptable)					
				1200 South Pine Island Road					
				City Plantation		FL Zip Code 33434			

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when filing online)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gary Nickelle 900 North Michigan Avenue Chicago, Illinois 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Neil G. Bluhm 900 North Michigan Avenue Chicago, Illinois 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Stephen A. Lovelette 900 North Michigan Avenue Chicago, Illinois 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Paul C. Nielsen 900 North Michigan Avenue Chicago, Illinois 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Karen M. Ewing 900 North Michigan Avenue Chicago, Illinois 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen M. Ewing Asst. Secretary 03/25/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)