Form BCA-12.45 3/0059 49 001 Page 1 of APPLICATION FOR REINSTATEMENT 02-09-10 11:55:33 DOMESTIC OR FOREIGN CORPORATIONS County Recorder 13.60 26.00 (Rev. Jan. 1999) File # Jesse White This space for use by Secretary of State Secretary of State SUBMIT IN DUPLICATE! Department of Business Services FILED Springfield, IL 62756 http://www.sos.state.il.us This space for use by Secretary of State AUG 3 0 2002 Payment must be made by certi-Date fied check, cashier's check, Illinois - 30- 02 attorney's check, Illinois C.P.A.'s JESSE WHITE Filing Fee \$ 100.00 check or money order, payable to SECRETARY OF STATE "Secretary of State." Approved: Corporate name as of the date of issuance of the certificate of dissolution or revocation: New England Capital Corporation Corporate name as changed: (c) If a foreign corporation having a certilicate of authority under an assumed corporate name restriction, the assumed corporate name: \_\_\_\_\_ (Note 2) State of incorporation: New Hampshire Date that the certificate of dissolution or revocation was issued: revoked on March 1, Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form. C T Corporation System Registered Agent First Name Middle Name Last Name 208 South Lasalle Street Registered Office Number Street Suite # (A P.O. Box along is not acceptable) Chicago, IL 60604-1135 Cook ZIP Code County This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) NEW ENGLAND CATITAL CORPORATION Dated (Month & Day) (Exact Name of Corporation,

(Signature of President or Vice President)

ARINIPO IKEDA, SECRETARY 2, VP. (Type or Print Name and Title)

(Signature of Secretary or Assistant Secretary)

ARIHIES | KEPA , SECRETARY & V.P. (Type or Print Name and Title)

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