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File # D 5612-457-8



Form BCA-5.10 NFP-105.10

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 627/JF Telephone (217) 7-2-3647 http://www.sos.state.il.us

## STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

## FILED

AUG 1 0 2000

LESSE WHITE SECRETARY OF STATE

## SUBMIT IN DUPLICATE

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Date

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Approved:

Remit payment in check or money order, payable to "Secretary of State."

Type or print in plack ink only. See reverse side to agnature(s)

				1		-		
1.	CORPORATE NAME:	Public Sa	fety Per	sonnel Research	Institute	, Inc.		
2.	STATE OR COUNTRY O	F INCORPOR	ATION: —	Illinois (Co	uri)			
3.	Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):							
	Registered Agent		Wayne W	alter Schmidt		/ <u>-</u>		
	·	First Name	-	Middle Name		Lust Name		
	Registered Office		_5519_N.	Cumberland Ave	# 1008			
	· ·	Number	Street			s not acceptable	)	
		<u>Chicago IL</u>	60656		Co	ok		
		City		ZIP Code		County		
4.	Name and address of the	registered age	nt and regi	stered office shall be	(after all cha	anges herein re <sub>l</sub>	ported):	
	Registered Agent	Wayne	Walter	Schmidt				
		First Name		Middle Name		Last Name		
• •	Registered Office	204 Cou	ntry Land	e			$\vee$	
	•	Number	Street	Suite No. (A P.	D. Box alone i	s not acceptable)	7	
		Des Pla	ines IL (	60016-8801		Cook	Υ	
	-	City		ZIP Code		County		
	W. Schmidt	,				South	014	

Attorney at Law P.O. Box 242

Park Ridge, IL 60068 (800) 763-2802 2 1/2 / A

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5.	The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.					
6.	The above change was authorized by: ("X" one box only)  a. □ By resolution duly adopted by the board of directors. (Note 5)  b. ☑ By action of the registered agent. (Note 6)					
7.	(If authorized by the board of directors, sign here. See Note 5)  The undersigned scaporation has caused this statement to be signed by its duly authorized officers, each of an affirms, under penalties of perjury, that the facts stated herein are true.					
Date atte	(Month & Day)  (Year)  (Exact Name of Corporation)  by  (Signature of Secretary or Assistant Secretary)  (Signature of President or Vice President)					
	(Type or Print Name and Title)  hange of registered office by registered agent, signifiere. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.					
Date	(Month & Day)  August 1st 2000 (Year)  (Signature of Registered Agent of Record)					
	NOTES					
1.	The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.					
<b>2</b> .	The registered office must include a street or road address; a post office box number alone is not acceptable.					
3.~~	A corporation cannot act as its own registered agent.					
4.	If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.					
5.	Any change of registered agent must be by resolution adopted by the board of directors. This statement must					

then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).

The registered agent may report a change of the registered office of the corporation for which he or she is

registered agent. When the agent reports such a change, this statement must be signed by the registered

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agent.

6.