## UNOFFICIAL COPM 93784

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Cook County Recorder

23.50

County Recorder 23.

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File # D 5853-464-1.

Form BCA-5.10 NFP-105.10

COOK COUNTY RECORDER

(Rev. Jan. 1999)

EUG NE "GENE" MOORE RCLUNG MEADUWS

Jesse White

Secretary of State

Department of Business Services

Springfield, IL 62756

Telephone (217) 782-3647

http://www.sos.state.il.us

STATEMENT OF
CHANGE
OF REGISTERED AGENT
AND/OR REGISTERED
OFFICE

FILED

TEB 23 2001

JESSE WHITE SECRETARY OF STATE SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date FEB 2.2 2001 Antiques

Filing Fee

\$ 5

Approved:

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

Type or print in black incoming. See reverse side for signature(s)

|                           | DOUBLE J GIFTS CORP.      |                        |                                          |  |  |
|---------------------------|---------------------------|------------------------|------------------------------------------|--|--|
| CORPORATE NAME: ——        | INCORPORATION: —          | Illinois               | O man Henry Ligare                       |  |  |
| Name and address of the r | egistered agent and reg   | istered office as they | appear on the records of the offi        |  |  |
| • •                       | First Name                | Middle Name            | Last Name                                |  |  |
| Registered Office -       | Number Street             | Suite No. (A P.C       | ). Box alone is not acceptable)  Cook    |  |  |
|                           | Arlington Height:<br>City | ZIP Code               | County (after all changes herein reports |  |  |

4. Name and address of the registered agent and registered office shall be (after all changes herein reported

|                   | James         |            | J.          |        |           | R       | ieband  |                                               | -             |
|-------------------|---------------|------------|-------------|--------|-----------|---------|---------|-----------------------------------------------|---------------|
| Registered Agent  | FIRST IVAILLE |            | Middle Name |        | Last Name |         |         | lame 💉                                        |               |
| MAIL MAIL         | 1237 Sout     | h Arlingto | n Heights I | Road,  | P.O.      | Box     | 1880    | - 1 <sup>324</sup>                            | $\mathcal{X}$ |
| Registered Office | Number        | Street     | Suite No. ( | A P.O. | Box a     | lone is | not acc | eptable)                                      | 7             |
|                   | Arlington     | Heights    | 60006       |        |           |         | Cool    | <u>c                                     </u> |               |
| ·                 | City          | -          | ZIP Code    |        |           |         | Cou     | nty                                           | 9/            |

7/1/4

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| 5.       | The address of the registered office and the address of the business office will be identical.                                                              | of the registered agent, as changed,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6.       | The above change was authorized by: ("X" one box only)  a.   By resolution duly adopted by the board of directors.  b.   By action of the registered agent. | ote 5)<br>lote 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|          | TE: When the registered agent changes, the signatures of both preside                                                                                       | nt and secretary are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NO<br>7. | (If authorized by the heard of directors, sign here, See Note 5)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|          | The undersigned corporation has caused this statement to be signed bom affirms, under penalties of perjury, that the facts stated herein are true.          | its duly authorized officers, each of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| "Dat     | led (Month & Day) (Year) (Exa                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| atte     | ested by                                                                                                                                                    | L Descident on Vice Breeident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|          | (Signature of Secretary or Assistan, Secretary) (Signature                                                                                                  | f President or Vice President)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (1)      |                                                                                                                                                             | or Print Name and Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (If      | change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts sta            | d herein are true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Da       | ited February 14, 2000                                                                                                                                      | ziebana.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ,        | (Month & Day), (Year) James J Rieband                                                                                                                       | f Registered Agent of Record)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|          | NOTES                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1.       | The registered office may, but need not be the same as the principal registered office and the office address of the registered agent must                  | e ii e same.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2.       | The registered office must include a street or road address; a post office                                                                                  | box runder alone is not acceptable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3.       | A corporation cannot act as its own registered agent.                                                                                                       | e en de la companya de la companya<br>La companya de la companya de l |
| 4.       | of deeds of the new county a certified copy of the articles of incorporation of change of registered office. Such certified copies may be obtained          | DNLY from the Secretary of State.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5.       | Any change of <i>registered agent</i> must be by resolution adopted by the then be signed by the president (or vice-president) and by the secre             | pard of directors. This statement mustry (or an assistant secretary).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| . · 6.   | The registered agent may report a change of the registered office of registered agent. When the agent reports such a change, this states                    | he corporation for which he or she is<br>ent must be signed by the registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |