1573.0071

File Number

5912-527-3

4132/0072 20 001 Page 1 of 6 2**001-03-28 11:06:59** Cook County Recorder 31.50

0010245266

# State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF TOWER NERVICES, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Q Q

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by aw, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this 19TH day of NOVEMBER A.D. 19 96

the Independence of the United States the two

hundred and 21st

George H Ryan

Secretary of State

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ev. Jan. 1995	A comment of the comment of the comment		CORPORATION	¥0245266 NOV 20
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partment of Business Services ingfield, IL 62756				This space for use by
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heck, cashic attornev's c	ers check, Illi- check, Illinois	GEORGE	H. RYAN	Franchise Tax \$ 75,00 Filing Fee \$ 75,00
A's check or money order, able to "Secretary of State."		SECRETARY OF STATE		100,00
019 10 39019	tary or State.		^	Approved.
		TOWER SERVICES, INC.	VRR	,
CORPORA	TE WANE:	TOWER DERVICES INC.		<b>6</b>
		·		
(The corpora	ite name must con	tain the word "corporation", "	company," "incorporated," "	limited or an abbreviation thereof.)
	C	/x	•	·
		WILLIAM	W. EDELSTEI	N
Initial Regist	tered Agent: —	First Name	Middle Initial	Last name
Initial Regist	tered Office:	29 W 760 Schick R		Culto #
•	•	Number Bartlett	Street	<i>Suite #</i> DuPage
		City	Zip Code	County
				(44)
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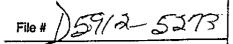
5 OPTIÔN	AL: (a) Number of directors constituting (b) Names and add esses of the p	the initial board of directors of the	corporation:		
A manager and a factor of the	- shareholders or until their succe	essors are elected and quality: 🤭 🖰	10 1 10 1 10 10 10 10 10 10 10 10 10 10		
		Residential Address  N 760 Schick Road	City, State, ZIP		
The second secon	William W. Edelstein 29	A VOU-SCHICK RORO	Bartiett, IC-601		
		and the second of the second of the second			
6. OPTIONAL:	(a) It is estimated that the value of all	property to be owned by the	en er en grafte fan de skylder en		
	corporation for the following year w	merever located will be: 🔠 🛊 车	And the second of the second o		
	(b) It is estimated that the value of the				
		the State of Illinois during the following year will be:			
** ***	transacted by the corporation durin				
	(d) It is estimated that the gross amo		10245266		
'ransacted from places of business in		in the State of Illinois during	# 010 # Q10 QQ		
	the following year will be:				
7. OPTIONAL	Attach a deparate sheet of this size incorporation, 5.7., authorizing preem	for any other provision to be incliptive rights, denying cumulative vo	uded in the Articles of ting, regulating internal		
-	affairs, voting majority requirements, fi		il, etc.		
8.	NAME(S) & ADDRESS(E	S) OF INCORPORATOR(S)			
1. Signal		29 W 760 Schi	ddress ck Road		
	William W. Edelstein	Bartlett, IL			
(1ype	or Print Name)	City Town	State Zip Cod		
Signa	ture	Street			
	or Print Name)	City/Town	State Zip Code		
3 Signa	iture	Street	),		
Туре	or Print Name)	City/Town	State Zip Cod		
	rust be in BLACK INK on original documer	nt. Carbon copy, photocopy or rubb	er stamp signatures may only be		
used on confo	ormed copies.)				
NOTE: IT a cor	poration acts as incorporator, the name of it be by its president or vice president and	the corporation and the state of incu verified by him, and attested by its	rporation shall be shown and the secretary or assistant secretary		
•	FEI	ESCHEDULE			
• The initial	al franchise tax is assessed at the rate of	of 15/100 of 1 percent (\$1.50 per 5	\$1,000) on the paid-in capital		
	nted in this state, with a minimum of \$25.	eneral management of the control of	the person was not plan the		
	g fee is \$75. Ilmum total due (franchise tax + filing fee	) is \$100.			
(Applies	when the Consideration to be Received a	as set forth in Item 4 does not exce	ed \$16,667)		
The Dep	partment of Business Services in Springfie	ld will provide assistance in calcula			
	Secretary of State Springfield, IL nent of Business Services Telephone (21		, ,		
Departm	ient of business pervices - relephone (2)	11) 102-3022 01 102-3023	•		

Property or Coot County Clerk's Office





10245266



Form BCA-5.10 NFP-105.10

(Rev. April 1995)

George H. Ryan 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

JUN 🛥 2000

LESSE WHITE SECRETARY OF STATE

#### SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

JUN 2000

Filing Fee

\$5

Approved:

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

Type or print in black into only. See reverse side for signature signature signature side.

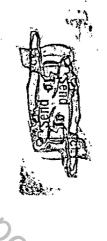
4	CORPORATE NAME:Tower Services, Inc.					
1. 2.	STATE OR COUNTRY OF INCORPORATION:  Illinois					
3.	Name and address of the registered agent and registered office as they appear or the records of the office of the Secretary of State (before change):  C/O William W. Edelstein					
	Registered Agent First Name Middle Name Last vane					
	Registered Office  Number Street Suite No. (A P.O. Box alone is not acceptable)  Bartlett, Illinois 60103 DuPage  City ZIP Code County					
4.	Name and address of the registered agent and registered office shall be (after all changes herein reported):					
	First Name Middle Name Last Name					
	Registered Office Street Suite No. (A P.O. Eox alone is not acceptable)  Bartlett, Illinois 60103 Cook					
	City ZIP Code County					

5,	will be identical.	ness onice 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.	(Note 5)
	b. xx By action of the registered agent.	(Note 6)
нот	E: When the registered agent changes, the signatures of both	h president and secretary are required.
7.	(If authorized by the board of directors, sign here. See Note 8	·
	The undersigned corporation has caused this statement to be	
whor	n affirms, under penalties of perjury, that the facts stated here	In-are-true.
Date	d 3-29-20 19,00 Kerson	we Carmica Tons Cost
	1 170	(Exact Name of Corporation)
attes	ted by (Y	ignature of President or Vice President)
	which is effectively the of Sur other which	· //
	(Type or Print Name and Title)	(Type or Print Name and Title)
(If ch	ange of registered office by registered agent, sign hare. See I The undersigned, under penalties of perjury, affirms that the f	<i>Vote 6)</i> acts sta <u>j</u> ed (ferein are true.
Date	d 1-4-00 19.	- Ale.
3.110		gnature of Registered Agent of Record)

#### **NOTES**

- The registered office may, but need not be the same as the principal office r<sub>i</sub> the corporation. However, the
  registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or road address; a post office box numbrar alone is not acceptable.
- 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 vitu 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 agent.

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Office of the Secretary of State
I hereby certify that this is a true and correct copy, consisting of pages, as taken from the original on file in this office.

Desse White

JESSE WHITE SECRETARY OF STATE

DATED AN. 8, 2001

BY Lile R. Quantander