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File # N 5984-658-2

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Cook County Recorder

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Form BCA-5.10 NFP-105.10

(Rev. April 1995)

(Hev. April 1995

-Goorgo-H. Pivan

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

COOK COUNTY

RECORDER

EUGENE "GENE" MOORE

SKOKIE OFFICE

FILED Date

JAN 27 2000

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date 1_ 27_ 2000

Filing Fee \$
ming ree w

Approved:

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

Type or print in black in See reverse side for signatures 1. CORPORATE NAME: BICYCLE STATION Town House (out of MILLIAM ASSCIAT) 2. STATE OR COUNTRY OF INCORPORATION: ILLIAOIS 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 First Name Middle Name Last Name Registered Office 20 MEST HURBARO Street Suite No. (A P.O. Box alone is not acceptable) City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent First Name Middle Name Last Name Registered Agent J. SURVEDER First Name Middle Name Last Name Registered Office Street Suite No. (A P.O. Box alone is not acceptable) Number Street Suite No. (A P.O. Box alone is not acceptable) EVALUATION ONLY City ZIP Code County				70	
2. STATE OR COUNTRY OF INCORPORATION: ILLIHOTS 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 First Name Registered Office Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent First Name Registered Office Registered Office Suite No. (A P.O. Box alone is not acceptable) Last Name Registered Office Suite No. (A P.O. Box alone is not acceptable) County Support Street Suite No. (A P.O. Box alone is not acceptable) Number Street Suite No. (A P.O. Box alone is not acceptable) EANSTOL MANI COX		and a residual consistency when the constraint of the section of the constraint of t			
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 Registered Office Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) City ZIP Code County A. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent Registered Office Registered Office Registered Office Street Suite No. (A P.O. Box alone is not acceptable) County County A. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Office Registered Office Street Suite No. (A P.O. Box alone is not acceptable) County C	1.	CORPORATE NAME: BICY	CLE STATI	ON TOWNHOUSE	E CONDOMENTATION ASSOCIATE
Agent Registered Agent First Name Middle Name Last Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) City ZIP Code County A. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent Agent First Name Middle Name Last Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) WALL First Name Street Suite No. (A P.O. Box alone is not acceptable) EVALSTOL 60201 COX	2.	STATE OR COUNTRY OF INCO	PORATION: _	ILLINOIS	
Registered Agent First Name Registered Office Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) (HTCAGO City ZIP Code County A. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent First Name Middle Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTO (OX)	3.			gistered office as the	ey appear on the records of the office
Registered Office Registered Office August First Name Middle Name Last Name		Vila	, ange, .	11/200 /	2-1-1
Registered Office Number Street (Suite No. (A P.O. Box alone is not acceptable) (HTCAGO GOLD COOX City ZIP Code County 4.) Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent AUAJ J. SCHROEDER First Name Middle Name Last Name Registered Office 1515 CHTCAGO AVENUE Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTO GOX		Registered Agent AU	<u> </u>	YAKKUW	- I/Jaluki
Number Street Suite No. (A P.O. Box alone is not acceptable) (HTCHGO GOLD COX City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent AUAJ J. SCHROETER First Name Middle Name Last Name Registered Office 1515 CHTCHGO AVENUE Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTO GOLD COX		First N	ame	Middle Name	Last Name
Number Street Suite No. (A P.O. Box alone is not acceptable) (HTCHGO GOLD COX City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent AUAJ J. SCHROETER First Name Middle Name Last Name Registered Office 1515 CHTCHGO AVENUE Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTO GOLD COX		Registered Office 20	WEST HUR	BARO	
A. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent First Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTO County All County Suite No. (A P.O. Box alone is not acceptable) COX		Numl	er Street ^J	Suite No. (A I	P.O. Box alone is not acceptable)
A. Name and address of the registered agent and registered office shall be (after all changes herein reported): Registered Agent First Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTO County All County Suite No. (A P.O. Box alone is not acceptable) COX		CHT	CAGO	100010	(WK
Registered Agent AUAJ J. SCHROETER First Name Middle Name Last Name Registered Office 1515 CHTCAGO AVENUE Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTOJ (6020) COX					County
First Name Middle Name Last Name Registered Office 1515 CHTCAGO AVENUE Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTOJ (6020) COOK	(4.)	Name and address of the register	ed agent and reg	gistered office shall I	be (after all changes herein reported):
First Name Middle Name Last Name Registered Office 1515 CHTCAGO AVENUE Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTOJ (6020) COOK	J	Registered Agent AU	tJ	刀.	SCHPNEDER.
Number Street Suite No. (A P.O. Box alone is not acceptable) EVANSTOJ (6020) (COX		First N	ame	Middle Name	Last Name
TT MAIL 3 EVANSTON 60201 COOK			5 CHICAGO	O AVENUE	P.O. Pay along is not acceptable.
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5.	The address of the registered office and the address of the business office of the registered agent, as chang will be identical.	ed,
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)	
•	TE: When the registered agent changes, the signatures of both president and secretary are required. (If authorized by the board of directors, sign here. See Note 5) The undersigned corporation has caused this statement to be signed by its duly authorized officers, each om affirms, under penalties of perjury, that the facts stated herein are true.	of
	ested by My Aum of Corporation) (Signature of Secretary or Assistant Scoretary) (Signature of President or Vice President) (Type or Print Name and Title) (Type of President of President of President) (Type of Print Name and Title)	- - -
Date	The undersigned, under penalties of perjury, affirms that the facts stated before are true. ed	
, ·	NOTES	
Τ, —	The registered office may, but need not be the same as the principal office of the concuration. However, the registered office and the office address of the registered agent must be the same.	e
2.	The registered office must include a street or road address; a post office box number alone is not acceptable	a .
3.	A corporation cannot act as its own registered agent.	
	If the registered office is changed from one county to another, then the corporation must file with the recorde 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.	nt
5.	Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by the president (or vice-president) and by the secretary (or an assistant secretary).	it

The registered agent may report a change of the registered office of the corporation for which he or she is registerest agent. When the agent reports such a change, this statement must be signed by the registered agent.

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