Form BCA-12.45/1 (1)

13.60

DOMESTIC OR FOREIGN CORPORATIONS

. (Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attomey's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

This space for use by Secretary of State

FILED

DEC 3 1 2001

JESSE WHITE SECRETARY OF STATE



SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 12 - 31 - 01

Filling Fee

\$ 100.00

Approved: 2

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	<i>(</i> 1)		Ôx.	·	<u> </u>	1254/8018 88 801 Page 1	
	(b)	Corporate name as cha	ngea:			2002-01-15 (Cook County Recorder	23-00
	(c)	If a foreign corporation I	having a certific	nte of authority	y under an assi	umed corporate name re	(Note 1
		corporate name: <u>BEBAC</u>					
•			· · · · · · · · · · · · · · · · · · ·	<u> </u>			(Note 2
2.	State	e of incorporation:DEL	AWARE)		
3.	Date	that the certificate of diss	solution or revo	cation was issu	11- 1 -2	000	
4.	Buto	that the continuate of disc		5411011 1143 1550			
							instatement: <i>(Note</i> 3 ₎
	NOT	Registered Agent	CT CORPOR		ered agent (r o	hice change. See note #	3 on back of this form
	NOT	Registered Agent	CT CORPOR	stitute a registe	ered agent or of	hice change. See note #	
·	NOT	·	CT CORPOR	Stitute a register RATION SYSTEM SALLE ST	ered agent (r o STEM Middle	Name	3 on back of this form Last Name
	NOT	Registered Agent	CT CORPOR	Stitute a register RATION SYSTEM SALLE ST	ered agent (r o	hice change. See note #	3 on back of this form Last Name
	NOT	Registered Agent	CT CORPOR First Name 208 S Las Number CHICAGO	Stitute a register RATION SYSTEM SALLE ST	ered agent or	Name Suite # (A P.O. B.x ale	Last Name one is not acceptable)
	NOT	Registered Agent	CT CORPOR First Name 208 S Las Number	SATION SYS	ered agent or	Name	3 on back of this form Last Name
5.	This	Registered Agent	CT CORPOR First Name 208 S Las Number CHICAGO City	SALLE ST Sta	ered agent or or STEM Middle reet 60604 ZIP	Name Suite # (A P.O. B.x ale	Last Name one is not acceptable) County
5.	This pena	Registered Agent Registered Office application is accompanie	CT CORPOR First Name 208 S Las Number CHICAGO City ed by all delinque as caused this	SALLE ST Statement to be	Freet 60604 ZIP s together with	Name Suite # (A P.O. E.x. ale Code the filing fees, franchise	Last Name Last Name one is not acceptable) County taxes, license fee and
	This pena	Registered Agent Registered Office application is accompanie lities required. undersigned corporation her penalties of perjury, that	CT CORPOR First Name 208 S Las Number CHICAGO City ed by all delinque as caused this	SALLE ST Statement to be	Freet 60604 ZIP s together with	Name Suite # (A P.O. F.x ale Code the filing fees, franchise duly authorized officers, res must be in BLACK I	Last Name Last Name one is not acceptable) County taxes, license fee and
	This pena	Registered Agent Registered Office application is accompanie lities required. undersigned corporation her penalties of perjury, that	CT CORPOR First Name 208 S Las Number CHICAGO City ed by all delinque as caused this	SALLE ST Statement to be	Freet 60604 ZIF s together with e signed by its one. (All signature)	Name Suite # (A P.O. F.x ale Code the filing fees, franchise duly authorized officers, res must be in BLACK I	Last Name Last Name one is not acceptable) County taxes, license fee and each of whom affirms NK.)
	This pena The unde	Registered Agent Registered Office application is accompanie lities required. undersigned corporation her penalties of perjury, that d (Month & Day	CT CORPOR First Name 208 S Las Number CHICAGO City ed by all delinque as caused this	SALLE ST Statement to be diherein are true (Year)	reet 60604 ZIP s together with e signed by its one. (All signature) BA PROPER	Name Suite # (A P.O. E. x ale Code the filing fees, franchise duly authorized officers, res must be in BLACK I	Last Name Last Name one is not acceptable) County taxes, license fee and each of whom affirms NK.)
	This pena The unde	Registered Agent Registered Office application is accompanie lities required. undersigned corporation her penalties of perjury, that	CT CORPOR First Name 208 S Las Number CHICAGO City ed by all delinque as caused this state of the facts state of the fac	SALLE ST Statement to be diherein are true (Year)	reet 60604 ZIP s together with BA PROPER by (Signature) (Signature)	Name Suite # (A P.O. E. x ale Code the filing fees, franchise duly authorized officers, res must be in BLACK I	Last Name Last Name one is not acceptable) County taxes, license fee and each of whom affirms NK.)