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File # D 6159-652-6

Form BCA-5.10 NFP-105.10

(Rev. Jan. 1999)

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 0020915765

1169/0134 50 001 Page 1 of 2 2002-08-20 16:19:18 Cook County Recorder 7.58



Jesse White Secretary of State

Filed 8/7/2002

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

Filed 8/7/2002

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Approved:

SB

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

Type or print in black in Coly. See reverse side for signed (S

2. STATE OR COUNTRY OF INCORPORATION: Illinois

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 Michael D. Last Name Middle Name First Name Registered Office 321 S. Plymouth Crt. 10th Floor Suite No. (A P.O. Box alone is not acceptable) Number Street Cook 60604 Chicago County ZIP Code City

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

Registered Agent William Last Name Middle Name First Name Registered Office 321 S. Plymouth Crt. 10th Floor Suite No. (A P.O. Box alone is not acceptable) Prepared by Number Cook 60604 Chicago County ZIP Code and return to: City

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		54 - h		registered agent as changed		
5.	The address of the registered office and the address will be identical.	ess of the D	usiness office of the t	egistered agent, as onengod,		
6.	The above change was authorized by: ("X" one	box only)				
	a. By resolution duly adopted by the board	s. (Note 5)				
	b. By action of the registered agent.		(Note 6)	002091576		
NO.	rE: When the registered agent changes, the sign	natures of	both president and	secretary are required.		
7.	(If authorized by ine hoard of directors, sign her The undersigned corporation has caused this sta m affirms, under penalties of perjury, that the fac	re. See No atement:to	ote 5) .be.signed.by its dul			
Dat	ad JULY 27 , 2002	Esler K	ruger Associates, In	c		
Dat	(Month & Day) / (Year)		Exact Name	ef Corporation)		
attested by And Assistant Secretary of Assistant Secretary (Signature of President or Vice President)						
	(Signature of Secretary or Assistant Secretary)) 	• •	CITE OF VICE Freedomy		
	Myra Kruger, Secretary	David I	R. Esler, President	Along and Title)		
	(Type or Print Name and Title)		(Type or Print	Name and Title)		
		toro S	too Note 6)			
(If C	hange of registered office by registered agent, signification The undersigned, under penalties of perjury, aff	gn ne.e. c firms <i>t</i> rat (he facts stated here	in are true.		
)×			
Dat	(Month & Day) (Year)		Signature of Regis	tered Agent of Record)		
NOTES						
				he enmaration However the		
1.	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.					
`	The registered office must include a street or roa	d address	a post office box nu	imber alone is not acceptable.		

- The registered office must include a street or road address; a post office box number alone is not ac 2.
- A corporation cannot act as its own registered agent. 3.
- If the registered office is changed from one county to another, then the corporation must file with the recorder 4. 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.
- 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.