FGRM BCA 5.10/5.20 (rev. Dec. 2003) STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647 www.cyberdriveillinois.com

Remit payment in the form of a



Doc#: 0416127027 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 06/09/2004 10:35 AM Pg: 1 of 2



APR 13 2004

JESSE WHITE SECRETARY OF STATE

	k or money order payable e Secretary of State.						•	
		File #	(e0	89-85	53	Filing Fee: \$25	i.00 Approved:	BY
	Submit in duplicate	Туре	or Print cle	early in black ink	Do r	not write above this	s line	
1.	CORPORATE NAME	ALLEGIA	NCE	DEVELOR	TUSMS	CORP.		
2.	STATE OR COUNTRY C	E INCORPORA	ATION:	ILLINOI	S			
3.	Name and address of the of the Secretary of State			egistered office	e as they a	opear on the	records of the	office
	Registered Agent	PATRICIA	2	٤.		Ko	3010	
	-	First Name	VZ	Middle Nai Cuba Ro			Last Name	
	Registered Office	Number BARRINGT	Street	Suite I	Vo. (A P.O.		ot acceptable)	
		City		ZIP Cod	е		County	
4.	Name and address of the	registered age	nt and r	egistered office	shall be (a	after all chang	ges herein rep	orted):
**1	Registered Agent	JOHN		Α.			CENCIG	
M	Registered Office	First Name	. R	Middle Na ANO RO.		Liii	Last Name	
		Number ARLINGT	Street	Suite I 4EIGHTS, 1			ot acceptable)	516
		City		ZIP Cod	le	'S	County	
5.	The address of the registe will be identical.	ered office and the	ne addre	ess of the busine	ess office o	f the registers	d agent, as ch	anged,
6.	The above change was:	authorized by: /	"X" one	box only)			9	
Ų.	The above change was authorized by: ("X" one box only) a. A By resolution duly adopted by the board of directors. (Note 5)							
	b. By action of the r			,	•	te 6)		

SEE REVERSE SIDE FOR SIGNATURES(S).

5550492

C-135.17



0416127027 Page: 2 of 2

UNOFFICIAL COP

(If authorized by the board of directors; sign here. See Note 5)

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms. under penalties of perjury, that the facts stated herein are true.

Dated W M	ouch 25	<u>+006</u>	PL		
(E) #	(Month & Day)	(Year)			
(Any Authorized Officer's Signature) PATRICIA E. KOIDE					
	(Type or Print N	ame and Title)			

LEGIANCE DEVELOPMENT CORP. (Exact Name of Corporation)

(If change of registered office by registered agent, sign here. See Note 6)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated			
	(Month & Day)	(Year)	(Signature of Registered Agent of Record)
	100		
	C/X		
:	9		(Type or print name. If the registered agent is a corporation, type or print the name and title of the officer who is signing on it
	0	X	behalf.)
	*	C	
			NOTES

- 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 road address; a post office box number alone is not acceptable. 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 CNLY from the Secretary of State.
- Any change of registered agent must be by resolution adopted by the board of directors. This statement must 5. then be signed by a duly authorized officer.
- The registered agent may report a change of the registered office of the corporation for which he or she is 6. registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

5550492

FILED FOR RECORD BY: MARY ELLEN VANDERVENTER LAKE COUNTY, IL RECORDER 02:30:27 P.M. 05/03/2004 -RECEIPT #: 158219

DRAWER #: 19