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FORM **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 check or money order payable

Doc#: 0517411080 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds

Date: 06/23/2005 11:15 AM Pg: 1 of 2

MAY 0 4 2005 JESSE WHITE SECRETARY OF STATE

FILED

to tr	ne Secretary of State.							
	\Diamond	File #_	3417-087	7-8	Filing Fee: \$25.00	Approved:	^ •	
	Submit in deolica	te ———Тур	pe or Print clearly in black	ink	-Do not write above this line-		<u> </u>	
1.	CORPORATE NAME:	W R. PABICH M	FG. CO., INC.				_	
2.	STATE OR COUNTRY	OF INCORPOR	ATION: ILLINOIS				_	
3.	Name and address of the Secretary of State	ne registered a g e (before chang	ent and registered	office as they	appear on the reco	rds of the office	- е	
	Registered Age	nt James	0/	R.	Asr	nussen		
	Registered Office	First Name e 444 N. MICHIG	Mide SAN AVE., SUITE 2	dle Name 500	Last	Name	_	
		Number CHICAGO		<i>Suite No. (A P.</i> 611	O. Box alone is not ac		_	
		City	Ži	ੇ <i>G</i> cde	Co	unty	_	
4.	Name and address of the registered agent and registered office shall be (after all changes herein reported):							
	Registered Ager	nt James		R. C	Asm	ussen		
	Registered Offic	First Name e 111 East Wack	Midd ker Drive, Suite 280	die Name 0	Last	Name	_	
		Number Chicago	Street 6066		O. Box a'one is not acc COC		$\overline{\bigcirc}$	
		City	ZII	P Code	Co	untv		

The above change was authorized by: ("X" one box only)

a. \square By resolution duly adopted by the board of directors.

(Note 5)

b. By action of the registered agent.

(Note 6)

SEE REVERSE SIDE FOR SIGNATURES(S).

The address of the registered office and the address of the business office of the registered agent, as changed,

RETURN TO:

Amy J. Inlander, Paralegal Shefsky & Froelich, Ltd. 111 E Wacker Dr, Suite 2800 Chicago IL 60601

5.

will be identical.

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or print the name and title of the officer who is signing on its

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7. (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			
	(Month & Day)	(Year)	(Exact Name of Corporation)
	(Any Authorized Officer's	Signature)	
	(Type or Print Name ar	nd Title)	
(If change The u	of registered office by register ndersigned, under penalties o	<i>ed agent, sign</i> f perjury, affirm	here. See Note 6) s that the facts stafed herein are true.
Dated	4/21	, 2005	Jane Hamason
	(Month & Day)	(Year)	(Signature of Registered Agent of Record)
	C/x	_	James R. Asmussen
		(7	ype or print name. If the registered agent is a corporation, type

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behalf.)

- 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.
- 2. The registered office must include a street or road address: a post office box number alone is not acceptable.
- 3. 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 with 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 a duly authorized officer.
- 6. The registered agent may report a change of the *registered office* of the corporation for which he or she is registered agent. When 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.