### **UNOFFICIAL COPY**

File Number

5716-628-2



# To all to whom these Presents Shall Come, Greeting:

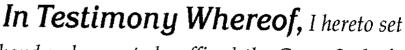
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 05 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR ROCKFORD FABRICATORS, INC..\*\*\*\*



Doc#: 0755331555 Fee: \$34.00 Eugene "Gene" Moore

Cook County Record it of Deeds
Date: 12/19/2007 11:47 AM Pg: 1 of 6



my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of DECEMBER A.D. 2007



Authentication #: 0735101801 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE

0735331055 Page: 2 of 6

### UNOFFICIAL COPY

File Number \_

5716-628-2



ANTICLES OF INCORPORATION OF ROCKFORD FABRICATORS, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan. Secrecary of State of the State of Illinois, by virtue of the powers wested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Costimony Minereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this 1ST

day of FEBRUARY A.D. 19 93 and of the Independence of the United States the two hundred and 17TH



George & Ryan SECRETARY OF STATE

### UNOFFICIAL COPY

PAID

Services by certified	FER - 1 1	003		<del>Marak</del> a 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
by certified	FER - 1 1		This space for use b	<del>Marak</del> a 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
by certified Ilinois attor-		103			
Ilinois attor-		FEB - 1 1993		This space for use by Secretary of State Date Q - 1-93	
A's check or Secretary	GEORGE H. RYAN SECRETARY OF STATE		Franchise Tax \$.25.60 Filing Fee \$7.5.60 Approved: 3 1/100.00		
NAME:	ROCKFORD FABRIC	ATORS, INC. Sw			
must contain (ne	vord "corporation", "company," "	incorporated," "limited" or an	abbreviation thereof.)	······································	
		L. Middle Initial	Martenson		
	One Court Place				
		Street	Suite #		
****	City				
ion of any porated ur	or all lawful buder the Illinois	ousiness for wh Business Corp	ich Corporations oration Act.	(40	
norized Sharen	, Issued Shares and Consi	deration Received:	<u> </u>	<del></del> -	
TOTIZED SHALES,	,				
Par Value per Share	Number of Shares Authorized	Number of Proposed to			
	MAME:	MAME: ROCKFORD FABRICATION AND AND AND AND AND AND AND AND AND AN	MAME: ROCKFORD FABRICATORS, INC. Supermoderation and secondaria, no word 'corporation', 'company,' 'incorporated,' 'limited' or an Agent:  Davio First Name And And Invited An	Approved: 2 17/000  MAME: ROCKFORD FABRICATORS, INC St.  Agent: David L. Martenson First Name David Last name  Office: One Court Place # 404  Number Street Suite  Rockford 61101 Winnebago  City Zip Code County  Description of any or all lawful business for which Corporations por ated under the Illinois Business Corporation Act.	

(over)

ŕ

none

#### (a) Number of directors constituting the initial board of directors of the corporation:\_ 5. OPTIONAL: (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and quality: Residential Address 6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) (i) estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: OTHER PROVISIONS 7. OPTIONAL: A die sie Attach a separate theet of this size for any other provision to be included in the Articles of Incorporation, e.g., Authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc. NAME(S) & ADD'(ESS(ES) OF INCORPORATOR(S) 8. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true. Dated Address 4963 Signature Stru0 Reckfor 61109 lonald Hein (Type or Print Name) City/Tow ! State Zip Code 2 Signature Street (Type or Print Name) City/Town State Zip Code 3. Street Signature City/Town State (Type or Print Name) (Signatures must be in tak on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on confutrived copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

#### **FEE SCHEDULE**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- · The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
   (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State
Department of Business Services

Springfield, IL 62756 Telephone (217) 782-9522 782-9523

0735331055 Page: 5 of 6

## **UNOFFICIAL COPY**

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 217-782-3647 www.cyberdriveillinois.com

FILED

Remit payment in the form of a check or money order payable to Secretary of State.

DEC 1 4 2007

JESSE WHITE SECRETARY OF STATE

_	File # 57/66282 Filing Fee: \$25 Approved: 20	
	———— Submit in duplicate ———— Type or Print clearly in black ink ———— Do not write above this line —————	
1.	Corporate Name: Rockford Faoricators, Inc.	
-		_
2.	State or Country of Incorporation: Allinois	_
3.	Name and Address of 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 800 N Church Street	
	Number Street Suite No. (P.O. Box alone is unacceptable)	
	Rockford, IL 61103, Winnebago County	
	City 21 Code County	
4.	Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):	
	Registered Agent CT Corporation System	
	First Name Middle Name Last Name	_
	Registered Office _208 S LaSalle Street, Suite 814	
	Number Street Suite No. (P.O. Box along it unacceptable)	_
	Chicago, IL 60604, Cook County	
	City ZIP Code Count	_
5.	The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.	
6.	The above change was authorized by: ("X" one box only)	
	<ul> <li>a. See Resolution duly adopted by the board of directors.</li> <li>b. Action of the registered agent.</li> <li>(Note 5)</li> <li>(Note 6)</li> </ul>	

SEE REVERSE FOR SIGNATURE(S).

0735331055 Page: 6 of 6

### UNOFFICIAL COPY

7.	if authorized by th	e board o	of directors,	sign here.	See Note 5 below.
----	---------------------	-----------	---------------	------------	-------------------

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 and correct.

if change of registered office by registered agent, sign here. See Note 6 below.

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

Dated Desember 14, 2007 CT Corporation System

Month & Day Year Exact Name of Composition

Name (type or print)

If Registered Agent is a corporation,

Name and Title of officer who is signing on its behalf.

NOTES

Marie Edwards Asst. Secretary

- 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 registerer, agent must be the same.
- 2. The registered office must include a street or row address (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to another, 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 poard of directors. This statement must 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/she is a 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.