BCA 5.10/5.20 (Rev. Jul. 1984)

Submit in Duplicate

Remit payment in Check or Money Order, payable to "Secretary of State".

DO NOT SEND CASH!

JIM EDGAR 8 Secretary of State State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

File # D. 5235-584-2 This Space For Use By Secretary of State

Date DEC 3 1985

Filing Fee \$5.00

Clerk P. J. S.

Pursuant to the provisions of 'hereby submits the following stat	-	oration Act of	1983", the undersigned	corporation
The name of the corporation	•			
M. M. CARLSON		C		
	NODOCIAIDO, IN			<del></del>
2. The State of Country of inc	orporation is	ILLINOIS		
3. The name and addras of its	registered agent and	d les rouletores o	ffion as thou panger on the	a records of
3. The name and address of its			ilica as tilak abbear on til	e ; ecorus oi
r II. r.IJ (7).	STUART		RKS	
negistered Agent	First Name	Middle Name	Last Name	
DEC 3 1985 <sub>Registered Office</sub>	701 LEE STRE	ET, SUITE 6	10	·
magistaria o maci	Number DES PLAINES		No. (A P.O. Box alone is not acc COOK	eptable)
- Charles of Braha	City	Zip Code	County	<del></del>
<b>Cretary of State</b> 4. The name and address of it		·	•	1) Changes
Herein Reported):	ts registered agent a	ing its registered	Ottice stigit be (Mitel W	in Chunges
Registered Agent .	KEITH	E.	MOREHEAD .	
Negistered Agent 2	First Name	Mkdle Nome	*Last Name	<del> </del>
Registered Office	180 N. LA SAI			<del></del>
	Number	Street Stile	No. (A P.O. Box alone is not acce	ptable)
· -	CHICAGO	60601	COOK	
	Ciry	Zip Code	County	••
5. The address of the registere as changed, will be identical.	d office and the add	dress of the bus	iness office of the registi	ered agent,
		* *		م
6. The above change was author	•	• •	135.	0,
	adopted by the board	d of directors.	(Note 5)	·
b.   By action of the re	gistered agent.		(Note 6)	_
(If authorized by the board of dire			•	d officers, C
The undersigned corporation				d officers, C
each of whom affirm, under penalt				NC
Dated November 20	, 19 <u>85</u>		SON ASSOCTATES	inc g
X AND WINIXA		//////	II IN PAUL	$\overline{}$
attested by Manufe of Secretary or Ass	istant Secretary)	by K Signat	ure of President or vice president)	
KAREN CARLSON, S	SEC.	MARK W. C	ARLSON, PRES.	
(Type or Print Name a	nd Title)	(T	ype or Print Name and Title)	<del></del> .
(If change of registered office by re The undersigned, under penalt				
	•			1
Dated	, 19	(Siena)	ure of Registered Agent of Record	1)

## **UNOFFICIAL COPY**

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