CA 5.10/5.20 (Rev. Jul. 1984)	·-	73 75 Z U .4	2 3 FIES# 5 4954-283-	O.
Colomba in Donaliana		DGAR	This Space For Use By	
Submit in Duplicate		y of State f Illinois	Secretary of State	
emit payment in Check or Money rder, payable to "Secretary of	21916 0	1 Dilliois	Date 5 - 8 - 8 L	
	TATEMENT OF CHANG	E OF REGISTERED AGEN	т	
DO NOT SEND CASH!	AND/OR		Filing Fee \$5.00	
	REGISTERED OFFICE		Clerk P	
R CK #1044 - \$5.00 5-5-86				
ursuant to the provisions of "	The Business Corp	poration Act of 198	3", the undersigned corporat	ior
ereby submits the following state			,	
The name of the corporation	CXB CO	RPORATION		
The hame of the corporation				
				
The State or Country of inc	ornaration is	ILLINOIS		
The State or Country of inc	or hotation is			
	****	and the second of the second o	The same of the sa	
The name and address of its	registered agent ar	nd its registered offic	e as they appear on the records	ol
	registered agent ar State (Before Char	nd its registered offic	;	ol
The name and address of its the office of the Secretary of	registered agent ar	nd its registered offic	e as they appear on the records	of
The name and address of its the office of the Secretary of Registered Agant	registered agent ar State (<i>Before Char</i> Ruth	nd its registered officinge) are: Middle Name	;	of
The name and address of its the office of the Secretary of Registered Agant	registered agent ar State (<i>Before Char</i> Ruth	nd its registered officinge) are: Middle Name Street	Taxy Last Name	ol
The name and address of its the office of the Secretary of Registered Adams	registered agent ar State (<i>Before Char</i> Ruth	od its registered officinge) are: Middle Name Street Street Suite No	Taxy	of
The name and address of its the office of the Secretary of Registered Address Office	registered agent ar State (Before Char Ruth First Name 641 W. Lake Nu nber	Middle Name Street	Last Name (A P.O. Box alone is not acceptable) Cook	
The name and address of its the office of the Secretary of Registered Address Office	registered agent ar State (Before Char Ruth First Name 641 W. Lake Nu nber	Middle Name Street	Last Name (A P.O. Box alone is not acceptable) Cook	
The name and address of its the office of the Secretary of Registered Adams Registered Adams Registered Office State Corclary of State Corclary Of State	registered agent ar State (Before Char Ruth First Name 641 W. Lake Nu nber	Middle Name Street	Last Name (A P.O. Box alone is not acceptable) Cook	
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The name and address of its the office of the Secretary of Registered Address of Registered Office of State Cretary of State	registered agent ar State (Before Char Ruth First Name 641 W. Lake Nu nber Chicago, IL City ts registered agent	Middle Name Street	Last Name (A P.O. Box alone is not acceptable) Cook County ffice shall be (After All Change)	
The name and address of its the office of the Secretary of Registered Address of its Registered Address of State Acrotary of State	registered agent ar State (Before Char Ruth First Name 641 W. Lake Nu aber Cricago, IL City ts registered agent	Middle Name Street	Last Name (A P.O. Box alone is not acceptable) Cook	
The name and address of its the office of the Secretary of Registered Address of Registered Office of State Cretary of State	registered agent ar State (Before Char Ruth First Name 641 W. Lake Nu aber Cricago, IL City ts registered agent Ruth First Name 1036 N. Class	Middle Name Street Street Street Street Street Street Street Suite No 60606-0000 Zip Code and its registered of	Taxy Last Name (A P.O. Box alone is not acceptable) Cook County fice shall be (After All Change) Taxy	

Ctty The address of the registered office and the address of the business of the registered agent 5. as changed, will be identical.

60614-5435

Cook

County

The above change was authorized by: ("X" one box only) (Note 5 By resolution duly adopted by the board of directors. 内 By action of the registered agent. (Note 6)

Chicago, IL

Number

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

The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

Dated, 19				
		(Exact Name of Corporation)		
attested by		by		
	(Signature of Secretary or Assistant Secretary)		(Signature of President or vice president)	
	(Type or Print Name and Title)	(Type or Print Name and Title)		
/Y6 .1	A sisteman de Company and annual annual action of	u kana Ca	a Note (C)	

(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.

Ruth Taxy Dated

INOFFICIAL COPY

- 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 2. acceptable.
- A corporation cannot act as its own registered agent. 1.
 - If the regist we impfice is changed from one county to another, then the corporation must file with the recorder of claeds of the new county a certified copy of the articles of incorporation and a certified copy of the sectement 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 state ment must then be signed by the resident (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.

21 MAY 86 101 46

Form BEA-S.18/5.20

86-202233

CXR CORPORATION 0 4964-283-6

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