BCA 5.18/5.28 (Rev. Jul. 1944) OFFI CHARLES Secretary of State O

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1.4

State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

File # D. 5 H 30 - 752.7 This Space For Use By Bearstary of State

Date

\$5.00 Filing Fee

Clerk

| t. The na                       | me of the corporatio                              | n is <u>LANDW</u>                               | EHR'S HUME APP                    | LIANCES, INC.                                  |            |
|---------------------------------|---|---|-----------------------------------|--|------------|
|                                 | ate or Country of inc                             |   |                                   |  |            |
| re withe off                    | ice of the Secretary o                            | registered agent<br>f State ( <i>Before C</i> i | and its registered<br>hange) are: | office as they appear on t                     | he record  |
| FILE                            | Registered Agent                                  | EVA   | В                                 | COMBS  |            |
|                                 | Haftistaten v Haur                                | Pira Name                                       | Middle Name                       | Last Name                                      |            |
| OT 93 10                        | Registered Office                                 | 115 North                                       | h Arlington He                    | ights Road                                     |            |
| 0   No 18                       | St. Legistered Oliva                              | Number  | Street                            | luite No. (A P.O. Box alone is not a           | oceptable) |
|                                 | •   | Arlington                                       | n Heights, IL                     | 60004  |            |
| cretary of S                    | State   | Chy   | Zip Code                          | County   |            |
| Intion Dopa<br>The na<br>Heretn | ortinant ame and address of Reported):            | its registered age                              | nt and its registe                | red office shall be (After                     | All Cha    |
|                                 | Registered Agent                                  | JOHN  | P                                 | BIESTEK  |            |
| 4                               | Liedisteran Warit                                 | Pirst Name                                      | Middle Name                       | Last Name                                      |            |
|                                 | Destaurad Office                                  | 115 Nor   | th Arlington H                    | eights Road                                    |            |
|                                 | Registered Office                                 | Number  | ss<br>n Heights IL                | luite No. (A P.O. Box alone la not a           | cceptable) |
|                                 |   | City  | Zip Code                          | County   |            |
| 5. The ac                       | ddress of the register<br>nged, will be identical | red office and th                               | e address of the                  | business office of the reg                     | istered a  |
| 6. The at                       | ove change was author                             | orized by: ("X"                                 | one box only)                     | 'S -   |            |
| _                               | ☑ By resolution dul                               |   |                                   | s. (Note 5)                                    |            |
|                                 | و منظم المن المن المن المن المن المن المن الم     |   |                                   | (พิวเก ซ์)                                     |            |
| -                               | ied by the board of di                            |   | See Note 51                       |  |            |
| The u                           | ndersigned corporation affirm, under pen          | on has caused th                                | is statement to be                | e signed by its duly authored herein are true. | rized off  |
| Dated                           | October 6   |   |                                   | ANDWEHR'S HOME APPLIA                          | NCES.      |
|                                 | /) <i>I</i>                                       | $\alpha$  |                                   | (Exect Name of Corporation)                    | 1          |
| دده فممغم                       | Beatrico  | Fandiveh  | by /                              | Muin Jands                                     |            |
| attested by                     | (Signature of Secretary or                        | (adstant Secretary)                             |                                   | Stenature of Fresident or vice presid          | (ent)      |
|                                 | Wo and the  | ,   | 1                                 | ( residue "                                    |            |
| 1                               |   |   |                                   | (Type or Print Name and Title)                 |            |
| 1                               | (Type or Print Nam                                | e and Title)                                    |                                   | (Type of Fruit Hame and Time)                  |            |

Section Co.

- The registered office may, but need not be the same as the principal office of the corporation. How-1. ever, 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 connect 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 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.
- Any change of registered agent must be by resolution adopted by the board of directors. This state-5. ment must then be signed by the President (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 6. Diff Clark's Office or she is registered agent. When the agent report such a change, this statement must be signed by the registered agent.

COOK COUNTY RECORDER **上日6と 19- 18- ★ 日 # h25h#** T#2522 TRAN 7331 12/29/67 11:10:00 DEPT-01 RECORDING

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

Felephone 217 — 782-7808 Springfield, Illinois 62756 Corporation Department Secretary of State

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