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JIM EDGAR
Secretary of State
State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE This Space For Use By Secretary of State

Date

(Signature of Registered Agent of Record)

Filing Fee \$5,00

Clork M

| The name of the cor                                 | poration is   | NANICAL                             | PRINTING Sy   | John In                                |
|---|---|-------------------------------------|---|--|
|   |   |                                     | '.'   |  |
|   |   |                                     |   | <del></del>                            |
| The State or Country                                | of incorporation is                                     | 122/NOIS                            | , <del>***</del>  |  |
| The name and odore                                  | s of its registered agent<br>stary of State (Before Ci  | and its registered a<br>hange) are: | office as they appear on t  | the records o                          |
| (IV () 0 1987 egistered                             | Agrine LISA First Name                                  | 14.                                 | POWERS  |  |
| UN 00 1381-2010                                     | First Name  | Mkidle Name                         | Last Name   | · A.                                   |
| OV (10 1901 Registered coretary of State Department | Office 860 11   | NCOLN A                             | ve  |  |
| acretary of Stars                                   | Nuriber   |                                     | ite No. (A P.O. Box alone is not a  | icceptable)                            |
| ocration Department                                 |   | or 16 60                            | 1593 Cro  | 15 CD                                  |
| Mana  | Clly  | Zip Code                            | County  | /**/<br>/**/ 1                         |
| The name and addre Herein Reported):                | ess of its registered ager                              | nt and its registere                | ed office shall be (After   | All Change.                            |
| Registered  | Agent Lisa  | O.10.                               | POWERS  |  |
| riagisterea   | First Name  | Madelle Name                        | Last Name   | ······································ |
| Registered  | Office 727  | LONGINO                             | 0-12  |  |
|   | Number  |                                     | te No. (A P.O. Box alone is not ac  | cceptable)                             |
|   | GLENCOE,  | 11 60023                            | Cook  |  |
|   | City  | Zip Code                            | County  | <del></del>                            |
| The address of the ras changed, will be ide         | egistered office and the<br>entical.                    | address of the b                    | usiness office of the regi  | istered agent                          |
| The above change was                                | authorized by: ("X" o                                   | ne hox only)                        |   |  |
|   | on duly adopted by the t                                |                                     | (Note 5)  |  |
|   | f the registered agent.                                 | -                                   | (Note 6)  |  |
| •   |   |                                     | (HADIS O)   | 0                                      |
| authorized by the board                             | l of directors, sign here,                              | See Note 5)                         | Toronia de la constanta de la |  |
| ine unaersignea corp<br>bot whom affirm unde        | poration has caused this<br>pripenalties of perjury, th | i statement to be s                 | igned by its duly author  | ized officers                          |
|   | · · · · · · · · · · · · · · · · · · ·                   | iat tiiu luuta atuttu               | nviviii ajv ti uti  |  |
| ed  | , 19  |                                     | (Exact Name of Corporation)   |  |
| and to a  |   |                                     | • • •   |  |
| ested by  | tary or Assistant Secretary)                            | by                                  | nature of President or vice preside   |  |
| In the contract of managers                         | *   | լուց                                | At a centre of the high high  | ine/                                   |
|   |   |                                     |   |  |

MECHANICAL PRINTING
727 LONG WOOD MUSE adest fory massing COLENICOE, 16 60022 British B. Wolle Laure Mr. abilitis (1994). Extra 19  $\Omega((\cdot, \mathbb{C}^{3})$ Adding Tree  $\mathrm{SU}(\Omega)^{n} =$ 🖟 erikin non den da A College Same gode on suddier is gameg or militaria sanga, his cessus is DEPT-01 RECORDING 112.2

T#2222 TRAN 2906 10/25/88 10:10:00 #3310 + E #-88-490426 COOK COUNTY RECORDER Chaigs tiansplips only in solito corner. undige consugery into security from the property of CO MARIL '88-\$30325 appropriately and the first of Committee of the Research of the American अनुभाव व कुलाव व जिल्हे हैं जो तमें तम जेनकी आधारित समर्थ कर