File # V-539/- 743-7

BCA 5.10/5.20 (Rev. Jul. 1984) NFP-105.10/105.20 (Rev. 1986)

Submit in Duplicate

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

DO NOT SEND CASHI

JIM EDGAR Secretary of State State of Illinois

UNOFFICIAL

STATEMENT OF CHANGE UF REGISTERED AGENT AND/OR REGISTERED DFFICE

This Space For Use By Secretary of State

Date

(Signature of Registered Agent of Record)

Filing Fee

\$5

Clerk

	The nar	e of the corporation	nis <u>CASINO Pi</u>	ARTY SUPPLIERS,	INC.	· · · · · · · · · · · · · · · · · · ·
,	The Sta	te or Country of inco	orporation is	TLLINOIS		
,		ne and addross of its ffice of the Sacretar		nd its registered office Change) are:	as they appear or	n the records
	EL	Registered Agent	First Name	M . Middle Name	GRENARD	Last Name
	109	9 Registered Office ্	•180 NORTH 1	ASALLE STREET	•	· ••
F.F	0.1 120	2.7	Numbe		ite Na. (A P.O. Box alone	is not acceptable)
المثار	ary of Si	min .	CHICAGO IL.	60601 Zip Code		COOK
yal	ione han			and its registered office	e shall be <i>(After</i>	•
		Registered Agent	MICHAEL Ficst Name	J. Aiddle Neme	KRALOVEC	Last Name
		Registered Office	30 N. LASAI		) ite No. (A P.O. Box slone	is not acceptable)
			CHICAGO, I	L. 60601	COOK	County
•		ress of the registered I, will be identical.	. •	ess of the business off	icon the registe	,
	The abo	ve change was auth	orized by: ("X" one	box only)		•
	a. 🔲	By resolution duly	adopted by the bo	ard of directors.	(Note 5)	0
	ь. 🛘	By action of the re	gistered agent.		(Note 6)	
	The undi	by the board of direction to the commercial between the corporation affirm, under pena	has caused this sta	See Note 5) atement to be signed but the facts stated her	by its duly authori ein are true,	zed officers,
ate	d	ptember 1, 19	39, 19	-Casino-Party	Name of Corporation)	- <del>Inc</del>
tte	sted by _	(Signature of Secretary or	Assistant Secretary)	by Glenn Cor	rie al President or Vice Presi	dent) Pres.
						LLC3.

19.

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feiwell, Galper 2/ 93ky AH. Mike Kralovec Property of Cook County Clerk's Office

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COOK COUNTY RECORDER

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