Remit payment in Check or Money	State	State of Illinois)
Order, payable to "Secretary of State".		IGE OF REGISTERED AGENT	Filing Fee \$5.00	
DO NOT SEND CASH!		IND/OR Ered Office	filling res	
	••	# 11 W W W Y Y Y W W	Clerk O	
Pursuant to the provisions of hereby submits the following sta	atement.			
1. The name of the corporati	ion is <u>Sebri</u>	ght Induction Me	\$2222 TRAN 2572 10/04/8	\$12,00 9-14:35:00
		•	#0632 # *-89-47 COOK COUNTY RECORDER	
2. The State or Country of in	ion is	ILLINOIS	MARKE SPARTER COMMANDERS	•
10.				
3. The name and edd ess of in the office of the Secretary	of State (Before Cho	ange) are:	they appear on the records	of
Registered Agent	Joseph	В.	Cagney	
AUG 10 19 Registered Office of State of State and address of Company Reported): EFFEC	First Name 2500 Prudent	Middle Name	Last Name	
19 19 19 19 19 19 19 19 19 19 19 19 19 1	Number	181 Tiaga Suite No. IA	D O Box alone is not acceptable	
UR CHOICE	Chicago	60601	Cook	
- tall of sarting The	City	Zip Code	County	
A: Secretary OCH	ite registered agan'	and its registered office	e chall ha lAfter All Chans	PAC
Choein Reported): EFFEC	TIVE SEPTEMBE	K 1, 1989	G Bliffil De gregier care a ,	<u>K</u> ta
ېرى، Registered Agent				
• •	Fbn Name One Prudential 130 East Rand	loloh Drive 3800	Lest Name	an 11
•	Number	Street Suite No. (A P	On alone is not acceptable)	016
	Chicago	60601	Cook	
	City	Zip Code	County	
The address of the register as changed, will be identical		address of the business of	office of the registered age	n t,
6. The above change was author	orized by: ("X" one	e box only)	-89-47119	O P
•	y adopted by the bo	ard of directors.	(Note ?)	<i>y</i> u
b. XX By action of the r	egistered agent.		(Note 6)	
(If authorized by the board of dis	rectors, sign here. S	ee Note 5)	-0	ι
The undersigned corporation each of whom affirm, under pena	on has caused this s	statement to be signed by		rs,
Dated	, 19		ction Metal Treati ums of Corporation)	ng, Inc.
attested by (Signature of Secretary or A	issistant Secretary)	by	resident or vice president)	
(Type or Print Name	· A Wisi_i	(Tuns as P	rint Name and Title)	
	•	, .,	Tint crame and array	
(If change of registered office by a The undersigned, whiter pena			herein are true.	
Dated August 17	1989	1 hatel	Ulm	
	•	Signaplies of R	Registered Agent of Record)	

BCA 5.10/5.20 (Rev. Jul. 1984)

Submit in Duplicate

JIM EDGAR
Secretary of State

JNOFFICIAL COPY

The Ox Coop County Clerk's O

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RETURN TO: BOX 272

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44 of Droper Street
 32 of Street

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A Section of Comments of Comments

ATTN: Robert A. Schelinski

-89-471190 July model