· UN	OFFICIAL COP	Υ
BCA 5.10/5.20 (Rev. Jul. 1984)	JIM EDGAR	This Space For Use By
Submit in Duplicate Remit payment in Check or Money Order Taylor of "Special Control of the Co	Secretary of State Slate of Illinois	Secretary of State Date
Order, payable to "Secretary of State". \$ DO NOT SEND CASH!	STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE	Filing Fee \$5.00
Pursuant to the provisions of 'hereby submits the following state	'The Business Corporation Act of 1983", ement.	the undersigned corporation
1. The name of the corporatio		222 TRAN 2592 10/04/89 16:38:00 1642 + *-89-471200
2. The State or Country of inc	II I IMOIR	COOK COUNTY RECORDER
3. The name and address of its the office of the Secretary of	s registered agent and its registered office as t	hey appear on the records of
Panistared Answ	Leonard W. Gola	an Lan Name
AUG :30 1989 Registered Office	That Name Middle Name 2500 Prudential Plaza Number Street Suite No. (A.E.	
Aug of State	Churigo Street Suite No. (A.F.)	O. Box alone is not acceptable) Cook County
Chicago, 60601 Suite No. (A.P.O. Box alone is not acceptable) Chicago, 60601 Cook City Zip Code County The name and address of its registered agent and its registered office shall be (After All Changes of the Changes) County Chicago, 60601 Cook County The name and address of its registered agent and its registered office shall be (After All Changes) County Chicago, 60601 Cook		
Registered Agent L	Leonard C. Gol	
First Name One Prudential Plaza Registered Office 130 East Randolph Drive 3800		Last Name
	Number Street Suite No. (A.P.C.) Chicago 60601	D. Box alone is not acceptable) Cook O11
•	City Zip Code	County O16
5. The address of the registered office and the address of the business of the registered agent, as changed, will be identical. -89-471200		
6. The above change was author	ized by: ("X" one hox only)	
a. By resolution duly adopted by the board of directors. (Note 5) b. By action of the registered agent. (Note 6)		
(If authorized by the board of dire The undersigned corporation each of whom affirm, under penalt	ectors, sign liere. See Note 5) In has caused this statement to be signed by ties of perjury, that the facts stated herein are	its duly authorized officers, true.
Dated		lan, Ltd.
attested by		
[Type or Print Name and Title] [Type or Print Name and Title]		nt Name and Title)
(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 area.		
Dated August 17	, 1989 Stenatife of Re.	gistered Agent of Record)

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RETURN TO: BOX 272

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ATTN: Robert A. Schelinski

Oberty Of County Clerk's Office -89-471200

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