59477677

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BCA 5.10/5.20 (Rev. Jul. 1984)

Submit in Duplicate

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

20 NOT SEND CASH!

JIM EDGAR
Secretary of State
State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE File # Bo5/5739
This Space For Use By
Secretary of State

Date

Filing Fee \\$5.00

Clerk

	suant to the provisions of " by submits the following state		oration Act of	1983", the undersigned corporation	
1.	The name of the corporation	n is Robert I	Eden≶ Comp	an <u>y</u>	
		:			
2.	The State or Country of inc	orporation is	ILLINOIS		
3.	The name and address of its registered agent and its registered office as they appear on the record the office of the Secretary of State (Before Change) are:				
	CO Deciment Adole	Joseph	В.	Cagney	
وير.	Registered Agent	First Name	Middle Name	Lan Name	
1	Doning of Office	2:00 Frudentia	l Plaza	_	
	Registered Office	Num ver	Street Suite	No. (A P.O. Box slone is not acceptable)	
	650 6	Chicago	60601	Cook	
		City	Zip Code	County	
4.	The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported): EFFECTIVE SEPTEMBER 1, 1989				
	্ে: * Registered Agent _	Joseph	O, B.	Cagney	
		Fra Name One Prudential 130 East Rando	Plaza	Lett Name 800	
	Registered Unice _	Number		No. (A P.O. Box clone is not ecceptable)	
		Chicago	60601	Cook	
	-	City	Zip Code	County	
5.	5. The address of the registered office and the address of the business of the registered agent, as changed, will be identical.				
6.	The above change was author	ized by: ("X" one	box only)	0.	
	a. By resolution duly adopted by the board of directors. (Note 5)				
	b. SX By action of the re			(Note 6)	
	uthorized by the board of dire The undersigned corporation of whom affirm, under penal	has caused this st	atement to be sig	ned by its duly authorized officers, erein are true.	
Date	ed	19		. Eden(Company	
		· •	1	Exect Name of Corporation)	
attes	sted by	nistant Secretary)	py	ture of Preddent or size preddent)	
	(Type or Print Name to	and Title)		Type or Frint Name and Title)	
(If c	hange of registered office by re The undersigned, uhder penal	egistered agent, sign ties of perjury, affic	here. See Note 6	stated herein are true.	
Date	d August 17	, 198 <u>9</u>		11/2	

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KETURN to: Attention: ROBERT A. Schelinski Softy Or Cook County Clerk's Office

\$12,00

T45555 TRAN 3785 10/10/89 11:03:00

\$6761 \$ E ×-89-477977

COOK COUNTY RECORDER