BCA 5.10/5.20 (Rev. Jul. 1914)

Submit in Duplicate

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

DO NOT SEND CASH!

Secretary of State State of Illinois

## STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR

REGISTERED OFFICE

File #5537-198-9 This Space For Use By Secretary of State

Date 5-28-90

Filing Fee \$5.00

Clerk

1.	The nan	its the following state ne of the corporation	<i>m</i>	Corporation	
'.	1110 11011				
2.	The Sta	Country of inc	orporation is	Illinois	
3.	The nan	ne and address of its be of the Becretary of	State (Before Cha	nd its registered officinge) are:	ce as they appear on the records
TT.	Fil	Registered Agent .	Ethel	and the second of the second of the second	Cannon
G 3	1 1990	Registered Offica.	Fbs: Name 3218 S. Ma	Middle Name ryland	Lost Name
	DGAR	negistered Offica.	Jumber	Street Suite N	o. (A P.O. Box alone is not acceptable)
refer	M WE C	•	ch. cago,	60619	Cook
		•	City	Zip Code	County
4.		me and address of it Reported):	T	and its registered o	office shall be (After All Chang
		Registered Agent _	Edmund	Peter	Boland
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Name	Middle Name	Last Name
	Registered Office 33 W. Jackson Boulevard, 5th Floor				
			<i>Number</i> Chicago	Str.et Suite No 60604	(A P.O. Box alone is not acceptable)
			<u> </u>		Cook
		• • • • • • •	City	Zip Code	
5.		ress of the registered ed, will be identical.	d office and the a	ddress of the busing المناه	ess office of the registered ager
6.	The abov	e change was author	ized by: ("X" one	box only)	· · · · ·
	a. 🔯	By resolution duly	adopted by the box	ard of directors.	( Voti 5)
•	b. 🗆	By action of the reg	gistered agent.	La Se	(Note 6)
180	الدوائد والدوا	to the board of disc	stom sign hous C	a Note 51	
•	The und	by the board of dire ersigned corporation affirm, under penalt	has caused this st	atement to be signe	d by its duly authorized officer in are true.
	Λ	nut 9	10.90		
Date	0	وفو المستر		(Ex	ct Name of Corporation)
nttoni	tod hu	Cotto Elamo	in desettant	by Willit	Butter Dured
attesi	نيد. ted by	ignature of Secretary or Ass	istant Secretory)	(Signature	of President or vice president)
	E	thel Cannon, S	Secretary	Violet Bu	itler. President
		(Type or Print Name a			e or Print Name and Title)
(If ch	iange of r The unde	egistered office by re ersigned, under penalt	egistered agent, sign	here, See Note 6) This that the facts sta	ted herein are true.
Dated			7.1		