UNOFFICIAL SOPY Ble # 5618-201-2

BCA 5.10/5.20 (Rev. Jul. 1984) NFP-105.10/105.20 (Rev. 1988)

Submit in Duplicate

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

DO NOT SEND CASH!

JIM EDGAR
Secretary of State
State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

This Space For Use By Secretary of State

Date 10 - 9- 9

Filing Fee

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Clerk



The nar	ne of the corporation	on isNOP	OSIMA U.	S.A. LTD	. INTERNAT	TONAL
	<u> </u>				<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
The Sta	te or Country of inc	orporation is	ILLINOI:	S		
	ne and address of its	,	nt and its res	vistored offic	na ac thay anne	ear on the records
	iffice of the Scorus				te as mey appe	tar on the tesoral
2 5	a riceand A san	ROGER A.	HOUSEHOL	DER		
E	Registered Agent	Fr st Name		Middle Name		Last Name
523	30 Registered Office	505 NORTH	LASALLE	STREET,	SUITE 300)
- 29 19	A. RYANE OF STATE ne and address of it	Numb			Suite No. (A P.O. Box	alone is not ecceptable
16.	MAYE	CHICAGO		60610		COOK
-e +	I. KSTATE	City		Zip Code		County
Che nan	or and address of it	s registered age	ent and its re	eaistered of	fice shall be //	After All Changes
Berein l	Reported):			3.0.0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	Ponistand Apant	ROGER A.	HOUSEFOL	DER		
	Registered Agent	First Name		M' Idle Name		Last Name
	Registered Office	221 NORTH	LASALLE	STREET,	SUITE 290	0 ・ メ
	negistered office	Number CHICAGO	100 PM 10	Street 60601	Suite No. (A P.O. Box	alone is not acceptable.
		Crty		Zip Code		County
	ress of the registere 1, will be identical.	d office and the	address of th	e business (office of the rec	gistered agent, as
				4 ·)
The abo	we change was auti	norized by: /"X"	one box on	ly)		XC.
a. 🔲	By resolution duly	adopted by the	e board of d	irectors.	(Note 5)	C
b. 🗓	By action of the r	egistered agent	•		(Note 6)	, C
ithorized	f by the board of di	rectors, sion he	re. See Note	5)	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
The und	ersigned corporatio	n has caused thi	s statement	to be signe	•	and the second of the second o
of whor	m affirm, under pen	alties of perjury	, that the fac	cts stated h	erein are true.	E. C. C.
d		, 19				
			ate and	(Eza	ect Name of Corporat	ion)
ited by _	(Signature of Secretary of		by		· · · · · · · · · · · · · · · · · · ·	
	(Signature of Secretary o	Assistant Secretary)		(Signatu	re of President or Vic	e rresidentj
	(Type or Print Na					

C135 &

Department of Business Services

Secretary of State

Springlield, Illinois 62756 Telephone (217) 782-7808

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- However, the registered office and the office address of the registered agent must be the same. The registered office may, but reed not be the same as the principal office of the corporation.
- socceptable. The registered office must include a street or road address;, a post office box number alone is 7
- 3: Inege bereiziger nwo zi ze toe tonneo ncircogroo A
- ONLY from the Secretary of State. tified copy of the state of change of registered office. Such certified copies may be obtained the recorder of deeds of the new county is certified copy of the articles of incorporation and a cer-If the registe ed office is changed from one county to another, then the corporation must file with
- .(Vnetende secretary). statement must then be signer, by the President for vice-president) and by the Secretary for an Any change of registered rgant must be by resolution adopted by the board of directors. This
- the registered agent. or she is registered agent. Wher the agret: 'eports such a change, this statement must be signed The registered agent may report a change of the registered office of the corporation for which he

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TRAN 3587 11/19/91 14:48:00 2336 + C *-91-609194 COUNTY RECORDER

DEPT-01 RECORDING-

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

FORM BCA-5.10/5.20 FORM NFP-105.10/105.20

File No.