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FILED

MAY 1 1991

GEORGE H. RYAN
SECRETARY OF STATE

STATE OF ILLINOIS
STATEMENT OF CHANGE OF REGISTERED AGENT
AND/OR REGISTERED OFFICE

91240735

Pursuant to the provisions of "The Business Corporation Act of 1983", or "The General Not For Profit Corporation Act of 1986", the undersigned corporation hereby submits the following statement.

- The name of the corporation is:
PHAR-MOR, INC.
- The State or Country of incorporation is Pennsylvania.
- The name and address of its registered agent and its registered office as they appear on the records of the office of the Secretary of State (before change) are:

Registered Agent: C " Corporation System

Registered Office: 206 South LaSalle Street
Chicago, Cook County, Illinois, 60604-1135

- The name and address of its registered agent and its registered office shall be (after all changes herein reported):

Registered Agent: Illinois Corporation Service Company

Registered Office: 700 South Second Street
Springfield, Sangamon County, IL, 62704

- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

- The above change was authorized by resolution duly adopted by the board of directors.

The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom, under penalties of perjury, that the facts stated herein are true.

Dated April 15, 19 91

PHAR-MOR, INC.

DEPT-01 RECORDING 115.00
108880 FROM 0410 05/21/91 13:29:00
04078 04 21 91 910735
COOP/EDUITY RECORDER

ATTESTED BY: [Signature]
(Secretary or Asst. Secty.)

BY: [Signature]
(President or Vice President)

Michael L. Malkin, Asst. Secty.
(Type or Print Name & Title)

Michael I. Monus, President
(Type or Print Name & Title)

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Dated April 15, 19 91

PHAR-MOR, INC.

ATTESTED BY:

Michael L. Malkin

(Secretary or Asst. Secty.)

Michael L. Malkin, Asst. Secty.

(Type or Print Name & Title)

BY:

Michael I. Monus

(President or Vice President)

Michael I. Monus, President

(Type or Print Name & Title)

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