OFFICIAL COPY

BCA 5.10/5.20 (Flov. Jul. 1984) NFP-105.10/105.20 (Flov. 1006)

Submit in Duplicate 93531914

Secretary of State State of linois

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

DO NOT SEND CASHI

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OF **REGISTERED OFFICE** 

Filo # This Space For Use By **Secretary of State** 

Dato Filing Fee

Clark

. The name of the corpora	ation is <u>EXITO</u>	> INCORPORT	ALED	ani anistit i pramitry S-gapa garinging i gjenhap sytet til a time tretiga a raari iga vang ji ing gapa	n
	that find the description during the stage of the stage and that any segment	things of the triby see high troops of a - Chappeny new High Spyper	Mercul Pilled injoy last adding sungan 4 it weeps you carego he add	ige (). 	
. The State or Country of	incorporation is $\_$	ILLINOIS	Prograph 2010 Pring Ng. Agill Saint Naudoniant A 1974 agus 245 II Page 2 14 2 20	A STATE OF THE STA	r prod
office of the Secretar, o	State (Before Ch	ent and its regist <i>ange)</i> are:	ered office as the	ay appear on the records of th	8
Registered agen	JAMES	Frede		Land Barrell	
H RUEN BRITA STREET	Piral Numo 10 ABER		Nama W 1_	· · Linit Nama	9
Registered Office	Number SCHAUMBU	Str		o, (A P.O. Box alono is not acceptable) COOK	
GEORGE H. RYAN SECTIBI NAME QUID SIGNIFES ( Reported):	City	Zio (	Coda	County I be (Alter All Changes Here	
Registered Agent	JAMES	FRE	DERICK	lDe.	
	First Namo	Middle	Namo	Last Namu	••
Phys red Office	P.O. Box 68		ABERDEEN		_
	SCHAUMBUR	6 6016		(A P.O. Box alone is not acceptable)  COOK	
V1-N	City	Zip 0		County	14
The address of the regis	lered office and ti	he address of th	ne businuss offic	e of the registered agent, as	j
changed, will be identical		DEFT-	-01 RECORDING	<b>\$23</b> .	
The above change was a	uthorized by: ("X"	one box only)		TRAN 4312 10/15/93 15:5	
<ul><li>a.  By resolution duly</li><li>b.  By action of the re</li></ul>	• •	pard of directors.	(Note <sup>C</sup> )	70	4
TE: When the registered a	gent changes, the	signatures of bo	oth President an	d Secretary are required.	
authorized by the board of				Q	
i ne undersigned corporat om affirm, under penalties o	on has caused this f perjury, that the i	s statement to be facts stated here	e signed by its du in are true.	ily authorized officers, each of	
ted	19,		من سند مورن و المناسعة المناسع	ن زوجه والمراجعة	
setad hy		bu	(Exact Name	e of Corporation)	
(Signature of Secretary	or Assistant Secretary)	Uy	(Signature of Presi	dent or Vice President)	

(Signature of Registered Agent of Record)

## UNOFFICIAL COPY

Free Cook County Clark's Office