

UNOFFICIAL COPY

Dated OCTOBER 14 1993

The undersigned, under penalties of perjury, affirms that the facts stated herein are true  
(If change of registered office by registered agent, sign here. See Note 6)

(Type or Print Name and Title) \_\_\_\_\_

(Signature of Secretary or Assistant Secretary) \_\_\_\_\_

(Signature of President or Vice President) \_\_\_\_\_

by

(Exact Name of Corporation) \_\_\_\_\_

Dated \_\_\_\_\_, 19\_\_

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

7. (If authorized by the board of directors, sign here. See Note 5)

NOTE: When the registered agent changes, the signatures of both president and secretary are required.

b.  By action of the registered agent.

a.  By resolution duly adopted by the board of directors.

6. The above change was authorized by: ("X" one box only)

changed, will be identical.

5. The address of the registered office and the address of the business office of the registered agent, as

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Suite No. (A P.O. Box alone is not acceptable) \_\_\_\_\_

Registered Office CHICAGO 60602 COOK OK

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Registered Agent LEONARD W. GOLAN

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Suite No. (A P.O. Box alone is not acceptable) \_\_\_\_\_

Registered Office CHICAGO 60602 COOK

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Registered Agent LEONARD W. GOLAN

3. Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Suite No. (A P.O. Box alone is not acceptable) \_\_\_\_\_

Registered Office CHICAGO 60602 COOK COUNTY RECORDER

2. STATE OR COUNTRY OF INCORPORATION: ILLINOIS

1. CORPORATE NAME: TIFFANY/NOGATES, INC.

DEPT-01 RECORDINGS \$23.50

11/16/93 11:26:00

\*-93-934366

COOK COUNTY RECORDER

Approved: \_\_\_\_\_

Filing Fee \$5

Date 11/16/93

Secretary of State

This space for use by

SUBMIT IN DUPLICATE

File # D5179-666-7

93934366

George H. Ryan  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-3647  
Remit payment in check or money  
order, payable to "Secretary of State"

NOV - 1 1993  
GEORGE H. RYAN  
SECRETARY OF STATE  
RECORDED

Form  
BCA-5.10  
NFP-105.10

STATEMENT OF CHANGE  
OF REGISTERED AGENT  
AND/OR REGISTERED OFFICE  
FILED

93934366

Handwritten initials and scribbles

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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