	BCA-5.10 FP-105.10	OF REGISTER AND/OR REGIST	FACILIANGE ED AGENT ERED OFFICE	93946136 File # 04969 0827
(Rev. Jan. 1991) George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756		DEC 0 1392		SUBMIT IN DUPLICATE
				This space for use by
				Secretary of State Date 12.4.82
				Filing Fee \$5
elept	hone (217) 782-3647 payment in check or money	GEORGE Secretary	H. RYAN OF STATE	Approved: ZB
rder,	payment in check of money payable to 'Secretary of State."	JEONE I PART		THE COLUMN THE PARTY OF THE PAR
	CORPORATE NAME:	SAVOIA INTERNAT	IONAL CORPORA	ATION
•		 -	ILLINOIS	
2.	STATE OR COUNTRY OF	INCORPORATION:		
·	Name and address Of its 1	egistered agent and regis	tered office as they	appear on the records of the office
3.	of the Secretary of State (2	gergre change) .		Trilling
	Registered Agent _	Donald	M . Middle Name	Last Name
	A	First Varie 640 Balli	+	and the second s
	Registered Office	Number Da 114	Str ee t S	uite No. (A P.O. Box alone is not acceptable) Cook
	1	Northbrook Civ	6 0 0 6 2 Zip Codu	County
4.	Name and address of the	egistered agent and regis	tered office shall be	e (after all changes herein reported)
* •	Registered Agent	Delfo	Middle Name	Roccati Last Name
	First Name			
	Registered Office	1 3 0 0 Number	Straet S	Suite No. (A P.O. Box alone is not acceptable)
		Elk Grove Vill	Zin Code	Cook County
	and the second of the second o	City tered office and the addi	ress of the busines	office of the registered agent, a
5.	The address of the regist changed, will be identical.	leieu vince and the addi	:	
ē	The above change was a	uthorized by: ("X" one bo	x only)	T\$7777 TRAN 1536 11/19/93 09:00 \$1653 \$ \$-93-94613
6.	a. 図 By resolution duly	adopted by the board of	Cirectors.	(Note DOX COUNTY RECURDER
	b. By action of the registered agent. (Note 6) OTE: When the registered agent changes, the signatures of both president and secretary are required.			
NO	TE: When the registered a	agent changes, the signar	See Note 5)	0
7. wh	If authorized by the boa) The undersigned corpora nom affirms, under penalties	ard of directors, sign here. Ition has caused this state of perjury, that the facts		by its duly authorized officers, each orue.
	N .3 h 11	0.0	SAVOIA INTER	NATIONAL CURPURATION
Da	ated <u>November, 1</u>	0/		Exact Name of Corporation)
att	tested by		Dy(Signalu	ure of President or Vice President)
	(Signature of Secretar	ry or Assistant Secretary) Irilling, Sec.	nolfo Poc	cati, Pres. Type or Print Name and Title)
	(Type or Pri	int Name and Tiller	(1	rype or Print Name and Title)
(If	change of registered office The undersigned, under	by registered agent, sign penalties of perjury, affirm	n nere. See Note 6) ns that the facts st	ated herein are true.
		19,		

Property of Coot County Clert's Office

MAIL TO:

DELFO ROCCATI

1300 TOUTHY AVE.

EUCGROVE VILLAGE, 16.
60007