Form BCA-5.10

OF REGISTERED AGENT AND/OR REGISTERED OFFICE 93003722

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date 12.1-92

Filing Fee

\$5

NFP-105.10

(Rev. Jan. 1991)

George H. Ryan Secretary of State Department of Business Services Springheld, IL 62756 Telephone (217) 782-6961

DEC 0 11992

GEORGE H SYAN

	nit payment in check or money er, payable to "Secretary of State."	SECRETAL	RY OF STATE	Approved: ZB
1.	CORPORATE NAME:	Consumer Marketin	ng Associates, [	Inteft-01 RECORDING \$23.5 143333 TRAN 6137 01/05/93 16:41:00
2.	STATE OR COUNTRY OF	F INCORPORATION:	Illinois	#0595 # #-95-003722 (00% COUNTY RECORDER
3.	Name and address of the roof the Secretary of State (		egistered office as t	they appear on the records of the office
	Redistered Agent _	larc	<u>C.</u>	Smith
	MAYEN	First Name	Middle Name	Lasi Name
	Hadistered Office _		e Street - Suite	
		Nuilber	Street	Suite No. (A.P.O. Box alone is not acceptable)
	<i>I</i> .▼	Chicago	60603	Cook
4.		City egistered agent and eg Marc	Zip Code gistered office shall b	County be /After All Changes Herein Reported): Smith
	Registered Agent	First Name	23ddle Name	Last Name
		200 West Madison		
	Registered Office	S Number	Street Suite !	Suite No. (A.P.O. Box alone is not acceptable)
		Chicago	606.16	Cook
		* * City	Zip Code	County
<b>5</b> .	The address of the registered office and the address of the business of the registered agent, as changed, will be identical.			
6.	The above change was authorized by: ("X" one box only)  a.   By resolution duly adopted by the board of directors. (Note 5)  93003722			
	b. 🔀 By action of the regi	•		(Note 6)
NOT	<b>IE:</b> When the registered aç	gent changes, the sign	atures of both Pres	sident and Secretary are required.
7.	(If authorized by the board			
				by its duly authorized officers, each of
who	im affirms, under penalties of			
	•	• •		

Dated November 1 19, 92	CONSUMER MARKETING ASSOCIATES, INC.		
	(Exact Name of Corporation)		
attested by	by		
(Signature of Secretary or Assistant Secretary)	(Signature of President or Vice President)		
(Type or Print Name and Title)	(Type or Pnnt Name and Title)		

(If change of registered office by registered agent, sign here. See Note 6)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

(Signature of Registered Agent of Record)