## Form BCA-5.10 NFP-105.10

(Rev. Jan. 1991)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 82756 Telephone (217) 782-3847

Remit payment in check or money

FFICIAL CORY 393044337 OF REGISTERED AGENT AND/OR REGISTERED OFFICE

NOV 2 5 1992

GEORGE H. RYAN SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Sepretary of State Date

Filing Foo

As Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (Dr. Price change):    Price   Jan   Wayne   Rose	UTOO	, payable to "Secretary of State."	<u></u>			Approved	d: <i>L_1</i> 3	•	
2. STATE OR COUNTRY OF INCORPORATION:  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 (by fire change):  Registered Agent  Fire! ** Microber**  Registered Office**  Registered Office**  Registered Office**  Registered Agent  Fire! ** Microber**  Chicago  Chicago  Chicago  Chicago  Chicago  Registered Agent  Fire! ** Microber**  Chicago  Chicago  Registered Agent  Fire! ** Microber**  Chicago  Chic	1.	CORPORATE NAME:	SPECIAL PROGRAM MANAGEMENT			'INC'			
3. Name and address of the egistered agent and registered office as they appear on the records of the office of the Secretary of State (priore change):    Registered Agent			•	New	York	٠.		•	
Registered Agent Jan Wayne Rose  Registered Office Registered Office Of Illinois - 120 So. Riverside Plaza - Suite 174  Registered Office Offi	2.		·						
Registered Office  Registered Office  Registered Office  MCATEAT OF Illinois - 120 So. Riverside Plaza - Suite 1741  Number	3.	Name and address of the roof the Secretary of State (t	egistered agent a polipre change) :	nd registered 0	ffice as th	ey appear on th	ie records o	f the office	
Registered Office    Michael Name		Registered Agent	<u>Jan</u>		vant va provinces: ***********	Rose	-		
Aumber Chicago Shent 60606 Suite No. (A P.O. Sox alone is not acceptable)  4. Name and address of the registered agent and registered office shall be (after all changes herein reported):  Registered Agent Final Name Registered Office Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name Registered Office Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Registered Office Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Registered Office Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name Agentation of County Name  Stewart Smith Mid America -120 So. Riverside Plaza-Suity and Name Agentation (County Name Agentation)  The address of the registered agent changes of the business of the business of the business of the suit Name Agentation of President of Note of President of Note President of Name Agentation of Name Agentation of Pr		1 14 Bistol 4 11 1 1 Balli 4				m. mal			
Aumber Chicago City Zp Code County  4. Name and address of the registered agent and registered office shall be (after all changes herein reported):  Registered Agent Graham Douclas Southall  Registered Office Televine Stewart Smith Mid America - 120 So. Riverside Plaza-Suity Amber Sine Sule No. (A P.O. Box atoms is not acceptable)  Chicago 60666 (Cooks) October 200 (Cooks) October 26 (Cooks) October 27 (Cooks) October 27 (Cooks) October 27 (Cooks) October 28 (Cooks		Registered Office				والمراقع والمناور والمناور والمراور وال	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	PARTICULAR CONTRACTOR SERVICE AND ADDRESS OF THE PARTICULAR PROPERTY A	
4. Name and address of the registered agent and registered office shall be (after all changes herein reported):  Registered Agent			Number Chicago	St	60606	Suite No. (A P.O. Bo	) x alone is not a ) x is )	ccepiable)	
Registered Agent Graham Douclas Southall  Registered Office Stewart Smith Mid America -120 So. Riverside Plaza-Suits 4.    Registered Office   Stewart Smith Mid America -120 So. Riverside Plaza-Suits 4.	4.	Name and address of the re	cily ecistered agent ar	Zip nd regisiared o	Code ffice shall	be (after all cha		reported):	
Registered Office    Stewart Smith Mid America -120 So.Riverside Plaza-Suite Amber Silver Suite No. (A P.O. Box alone is not acceptable)	71						****	r	
Number  Chicago  Chy  Zip Code  Chy  Zip Code  County  5. The address of the registered office and the address of the busines of the properties of the definition of the registered by: ("X" one box only)  a.		Hedisteta Adeut -	***************************************			And de light her delication and the second second		76	
Number  Chicago  Chy  Zip Code  Chy  Zip Code  County  5. The address of the registered office and the address of the busines of the properties of the definition of the registered by: ("X" one box only)  a.		Registered Office	Stewart Smi	th Mid Ame	rica -	120 So.Rive	rside Pl	Laza-Suite	
5. The address of the registered office and the address of the business for the fraction of the agent, ages to changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. \[ \begin{array}{c} \By resolution duly adopted by the board of directors. \( \text{Note 6} \)  b. \[ \By action of the registered agent. \( \text{Note 6} \)  NOTE: When the registered agent changes, the signatures of both president and secretary for required.  7. (If authorized by the board of directors, sign here. See Note 5)  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.  Dated October 26, 19,92 Special Program Managoment Inc (Signature of Secretary or Assistant Secretary)  Arthur M O'Leary, Secretary James R. Martocci, President;  (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.  Dated 19			Number	Si	104.	Sulle No. (A P.O. B	n ion el enole xo	oceptable)	
5. The address of the registered office and the address of the business of the president agent, ages are changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. \( \overline{\text{W}}\) By resolution duly adopted by the board of directors.  b. \( \overline{\text{D}}\) By action of the registered agent.  NOTE: When the registered agent changes, the signatures of both president and secretary are required.  7. (If authorized by the board of directors, sign here. See Note 5)  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.  Dated October 26, 19,92 Special Program Managoment Inc (Signature of Secretary or Assistant Secretary)  Arthur M O'Leary, Secretary James R. Martocci, President;  (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.  Dated 19			Chicago		60676	7'	(Cooks)	016	
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Dated October 26, 19,92 Special Program Management Inc  attested by (Signature of Secretary or Assistant Secretary)  Arthur M O'Leary, Secretary James R. Martocci, President, (Type or Print 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.				. Academaio	hath meast	, ,	ines con rec	ulrad <b>U</b>	
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Dated October 26, 19,92 Special Program Management Inc restricted by Control of Secretary or Assistant Secretary by (Signature of President or Vice President)  Arthur M O'Leary, Secretary James R. Martocci, President (Type or Print 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.	who	ne ungersigned corporati Leathanan rahmu emiliaa me	on has caused the of periury, that the	s state intent to	erein are i	truø.	Olimon Ollion	, A	
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	שמו	18U	1J <sub>1</sub>		(Signati	ure of Registered Ag	ent of Record)	<i>(</i> -7)	

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