File #D 5212-497-2 BCA 5.10/5.20 (Rev. Jul. 1984 NFP-105.10/105.20 (Rev. 1986) This Space For Use By Secretary of State Secretary of State Submit in Duplicate State of Illinois はいるようのはつ Remit payment in Check or Money STATEMENT OF CHANGE OF REGISTERED AGENT Order, payable to "Secretary of State" AND/OR Filing Fee DO NOT SEND CASHI REGISTERED OFFICE Clerk SEP 2 to 1995 Pursuant to the provisions of "The Business Corporation Act of 1983", or "The General Not For Profit Corporation Act of 1986", the undersigned corporation hereby submits the following statement. The name of the corporation is _____Oppidan. Inc. The State or Country of incorporation is __Illinois_ 🎮 and an and a 📆 🔊 of its registered agent and its registered office as they appear on the records a office of the Sucretary of State (Before Change) are: DeRoin Marty Registered Agent Middle Name Lest Name JUN 22 1995 Registered Office 122 S. Michigan Ave., Suite 1800 Suite No. (A P.O. Box alone is not acceptable) GEORGE H. RYAN SECRETARY OF STATE Chicago, IL 60603 Cook Zip Code The name and address of its registered agent and its registered office shall be (After All Changes 👣 Herein Reported): Mauro August Registered Agent. 1440 West Taylor Street Registered Office. Suite No. (A P.O. Box alone is not Sterat 60607 Cook Chicago. County Zio Code The address of the registered office and the address of the business of the registered agent, as 5. changed, will be identical. DEPT-01 RECORDING \$23.00 The above change was authorized by: ("X" one box only) T#0009 TR/N 9353 09/26/95 12:33:00 \$8161 克卢沙瓦 **-95-651604 By resolution duly adopted by the board of directors. RECORDER (Note 6) By action of the registered agent. (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 affirm, under penalties of perjury, that the facts stated herein are true. 19 95 June 1 attested by (Signature of Secretary & XXVALAGES) August P. Mauro, President Theodore C. Mazola, Secretary (Type or Print Name and Title) (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. Dated. (Signature of Registered Agent of Record)

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