

Form **BCA-5.10**
NFP-105.10

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

File # D 5323 048 0

(Rev Jan 1991)

George H Ryan
Secretary of State
Department of Business Services
Springfield, IL 62758
Telephone (217) 782-6961

FILED

SUBMIT IN DUPLICATE

FEB 24 1995

GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State

Date 1/24/95
Filing Fee \$ 5
Approved: [Signature]

- CORPORATE NAME: Affiliated Capital Leasing Corp.
- STATE OR COUNTRY OF INCORPORATION: Illinois
- 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):

Registered Agent David A Grossberg

First Name	Middle Name	Last Name
David	A	Grossberg

Registered Office 30 North LaSalle St. Suite 3100

Number	Street	Suite # (A P.O. Box alone is not acceptable)
30	North LaSalle St.	3100
City	Zip Code	County
Chicago, Illinois	6062-2505	Cook

- Name and address of the registered agent and registered office shall be (After All Changes Herein Reported):

Registered Agent David A Grossberg

First Name	Middle Name	Last Name
David	A	Grossberg

Registered Office 30 South Wacker Drive, 29th Floor

Number	Street	Suite # (A P.O. Box alone is not acceptable)
30	South Wacker Drive	29th Floor
City	Zip Code	County
Chicago, Illinois	60606-7484	Cook

- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

- The above change was authorized by: ("X" one box only)
 - By resolution duly adopted by the board of directors.
 - By action of the registered agent.

RETURN TO:
RECORDERS BOX #367
(Note 5)
(Note 6) ATTN: [Signature]

NOTE: When the registered agent changes, the signatures of both President and Secretary are required.

- (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 _____

attested by _____
(Signature of Secretary or Assistant Secretary)

(Type or Print Name and Title)

_____ (Exact Name of Corporation)

by _____ (Signature of President or Vice 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.

Dated January 26, 1995

[Signature]
(Signature of Registered Agent of Record)

UNOFFICIAL COPY

NOTES

1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address, a post office box number alone is not acceptable.
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, the corporation must file with the Secretary of State a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the President (or vice-president) and by the Secretary (or an assistant secretary).
6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

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T#0008 TRAM 0418 04/03/95 14:06:00
#1838 + DF * -95-222516
COOK COUNTY RECORDER

TURN TO:
RECORDERS BOX #367

THE UMNC

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