Fee Number

5896-802-1

96576918

DEPT-01 RECORDING

\$25.00

740202 TRAN 3244 07/29/96 14:49:00

\$1917 \$ JL #-96-576918

COOK COUNTY RECORDER

## State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF THE EDWAPD GRAY CORPORATION

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRITARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINGIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary & State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be

affixed the Great Seal of the State of Illinois,

at the City of Springfield, this

and of A.D. 19 day of JULY

the Independence of the United States the two

hundred and 21ST

123367/020 (SLY)

C-212.2

产加强(高级)

Property of Cook County Clerk's Office

⊖Fo	orm' DC	A-2.10	ARTICLES OF INC	UNPUNATION				
(Rev. Jan. 1995) George H. Ryan Secretary of State Separtment of Business Services			This space for use by th	Secretary of State	This space for use by			
			FILE	n				
			FILE					
i. Seba	remone or be	13111630 Cel VICES	JUL 23 199		Secretary of State Date 7-23-96			
ivm	ent must be	made by certified			Franchise Tax \$,25_			
heck, cashier's check, Illinois attor- ey's check, Illinois C.P.A.'s check			GEORGE H. I	RYAN				
er mo		s C.P.A.'s check syable to "Secret-	SECRETARY OF	STATE	Approved: 3 \$100-			
1.	CORPO	RATE NAME: The	Edward Gray Corporation					
	(The corpor	rate name m. 187 contail	n the word "corporation", "co	impany," "incorporated," "li	mited" or an abbreviation thereo			
2.	Initial R	legistered Agent:	keven Gray					
			First I lama	Middle Initial	Last name			
	Initial Registered Office: One Grayor, Prive							
		,	Number Homewood	Street 11 60430	Suite # Cook			
			City	IL 60430 Zip Code	County			
3.	Purpose or purposes for which the corporation is organized: (If not sufficient space to cover this point, add one or more sheets of this size.)							
	To engage in any and all act or activity for which corporations may be incorporated under the Illinois							
		Corporation Act, as an		D <sub>C</sub>				
				6/4/				
4.	Paragraph 1: Authorized Shares, Issued Shares and Consideration Received.							
	Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be issued	Conradiration to be Received Therefor			
	Common	\$ no par	100	1	\$ 1.00			

(If not sufficient space to cover this point, add one or more sheets of this size.)

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5:		(a) (b)	Number of directors constituting the initial board of directors of the Names and addresses of the persons who are to serve as directors of shareholders or until their successors are elected and qualify:  Name  Residential Address	until the first annual meeting  City, State, ZIP	
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8.	OPTIONAL:	•	It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be:	\$ 1.00	
		(b)	It is estimated that the value of the property to be located within the State of Illinois during the following year will be:	\$ 1.00	
		(c)	it is estimated that the gross amount of business that will be		
		(d)	transacted by the corporation during the following year will be: It is estimated that the gross amount of business that will be	\$ -0-	
		•	irgusacted from places of business in the State of Illinois during	\$ -O-	
_		الناكسية	the rollowing year will be:	4.0.	
_		Inc	tach a separate sheet of this size for any other provision to be incorporation, e.g., authorizing preemptive rights, denying cumulative values, voting majority requirements, fixing a duration other than perpendicular.	roting, regulating internal	
8.			NAME(S) & ALDRESS(ES) OF INCORPORATOR(S)		
•	1. Signatu Philip L	Pom		ate Zip Code	
	2		2. Street	bn	Ď
	Signatu		<u>-                                    </u>		
	•	r Prin	it Name) City/Town 3.	ate Zip Code	
	3. <u>Signatu</u>	78	Street	/x.	
	(Type o	r Prin	t Name) City/Town St	ate Zip Code	
be NC and	used on con	form orati on si	in <u>BLACK INK</u> on original document. Carbon copy, photocopy or rub ed copies.) on acts as incorporator, the name of the corporation and the state of half be by its president or vice president and verified by him, and at	f incorporation shall be shown	
······································			FEE SCHEDULE		
•	capital repre	esen e is	hise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 perted in this state, with a minimum of \$25. \$75.  otal due (franchise tax + filing fee) is \$100.	r \$1,000) on the paid-in	
•	(Annlies wit	nen 1 men	the Consideration to be Received as set forth in Item 4 does not on the Business Services in Springfield will provide assistance in calc	exceed \$16,667) culating the total fees if	
	Department	of	Business Services		

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