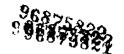
AFFICIAL GOPY



DEPT-01 RECORDING \$23.50
T\$2222 TRAN 8685 11/18/96 09:27:00
\$1299 \$ KB *-96-875822
CODK COUNTY RECORDER

File # 5605-701-2

Form BCA-5.10 NFP-105.10

(Rev. Jan. 1995)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647

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

OST 16 1996

GEORGE H. RYAN SECRETARY OF STATE This space for use by Secretary of State

Date

Filing Fee

\$ 5

Approved:

Remit payment in check or money order, payable to "Secretary of State."

| 2022223 | 2 |
|---------|---|
|---------|---|

| 1. CORPORATE NAME: Idealease Risk Services, Inc. | | | | | |
|--|---|---------------|--------------|--|---------------------------------------|
| 2. | STATE OR COUNTRY OF | = INCORPO | RATION: | llinois | |
| 3. | Name and address of the of the Secretary of State (| | | stered office as they a | appear on the rescircts of the office |
| | Registered Agent — W1111 First N | William_ | | A | Miller |
| | | First Name | | Middle Name | Last Name |
| | Registered Office | 1919 N. S | heffield | | |
| | | Number | Street | Suite No. (A P.O. Box alone is not acceptable) | |
| | | Chicago | | 60614 | Cook |
| | • | City | | Zip Code | County |
| 4. | Name and address of the | registered ac | ent and regi | stered office shall be (| after all changes herein reported): |
| | Registered Agent | William | | Α. | Miller |
| | | First Name | | Middle Name | Last Name |
| | 320 N. Michigan Avenue | | | nue, Suite 2100 | 2 |
| | Registered Office | Number | Street | Suite No. (A P.O. | Box alone is not acceptable) |
| | | Chicago | | 60601 | Cook / |
| | | City | | Zip Code | County |



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) a.

By resolution duly adopted by the board of directors. (Note 5) b. R By action of the registered agent. (Note 6) OTE: When the registered agent changes, the signatures of both president and secretary are required. (If authorized by the boe a of directors, sign here. See Note 5) The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of nom affirms, under penalties of purity, that the facts stated herein are true. ated (Exact Name of Corporation) tested by (Signature of Secretary or Assistant Secretary) (Signature of Vice President) (Type or Print Name and Title) (Type or Print Name and Title) 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 (Registered Agent of Record)

NOTES

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.

The registered office must include a streat or road address; a post office box number alone is not acceptable.

A corporation cannot act as its own registered agent.

If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county 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.

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).

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.