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CARROTTERS STORIGHT

File# 1)4966-838-1

Form BCA-5.10 NFP-105.10

(Rev. April 1995)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, iL. 62758
Telephone (217) 782-3647
http://www.sos.state.il.us

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

NOV 25 1998

GEORGE H. RYAN SECRETARY OF STATE SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

Filing Fee

\$ :

Approved:

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

to

Type or print in black ink only.

See reverse side for signature(s)

|    |   | 7 =                     |                                  |                                       |
|----|---|-------------------------|----------------------------------|---------------------------------------|
|    |   |                         |                                  | 4                                     |
| 1. | CORPORATE NAME:                                   | ADVANCED !              | FIRE PROTECTIO                   | so Co                                 |
| 2. | STATE OR COUNTRY O                                | F INCORPORATIO          | N: JLLINOIS                      | <u> </u>                              |
| 3. | Name and address of the of the Secretary of State | (before change) :       |                                  | appear on the resolds of the office   |
|    | Registered Agent                                  | First Name              | M. Middle Name                   | BUNKFIEDD<br>Last Name                |
|    | Registered Office                                 | 160 W, Y<br>Number Stre | ARIL AUS<br>181 Suite No. (A.P.C | D. Box alone is not acceptable)       |
|    |   | ELMHURET<br>City        | 60126<br>ZIP Code                | DuPage                                |
| 4, | Name and address of the                           | registered agent an     | d registered office shall be     | (after all changes herein reported):  |
|    | Registered Agent                                  | WILLIAM:<br>First Name  | E.<br>Middle Name                | SUTTERLIN Last Name                   |
|    | Registered Office                                 | 10901 W.                | 15320 STIZEET                    |                                       |
|    | 0   | Number S<br>RLAND PARK  | Street Suite No. (A.P.C          | D. Box alone is not acceptable)  Cook |
|    |   | City                    | ZIP Code                         | County                                |

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| 5.       | The address of the registered office and the address of the business office of the registered agent, as changed will be identical.   |  |  |  |  |
|----------|--|--|--|--|--|
| 6.       | The above change was authorized by: ("X" one box only)  a. X By resolution duly adopted by the board of directors. (Note 5)  b. X By action of the registered agent. (Note 6)  |  |  |  |  |
|          | B.   By action of the registered agent. [140te 5]  |  |  |  |  |
| NC       | TE: When the registered agent changes, the signatures of both president and secretary are required.  |  |  |  |  |
| 7.<br>wh | (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 om affirms, under penalties of perjury, that the facts stated herein are true. |  |  |  |  |
| Da       | ted 10-28-96 / 19,96 AOVANCED FICE PROTECTION CO. (Exact Name of Corporation)  |  |  |  |  |
| atte     |  |  |  |  |  |
|          | (Signature of Secretary or Assist int Secretary) (Signature of President or Vice President)  |  |  |  |  |
|          | JAMES SUTTERIN, SECRITORY WILLIAM E. SUTTERLIS, PROSIDED   |  |  |  |  |
|          | (Type or Print Name and Title) (Type or Print Name and Title)  |  |  |  |  |
| (If c    | 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.   |  |  |  |  |
| Dat      | ed19,  |  |  |  |  |
|          | (Signature of Registered Agent of Record)  |  |  |  |  |
|          | 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 gione 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, 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

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agent.