## 96033023 BCA-5.10 OF REGISTERED AGENT File # D 5621-232-9 FP-105.10 AND/OR REGISTERED OFFICE SUBMIT IN DUPLICATE (Rev. Jan. 1991) George H. Ryan This space for use by cretary of State Secretary of State Department of Business Services Date Springfield, IL 62756 GEORGE H. RYAN Telephone (217) 782-3647 Filing Fee SECRETARY OF STATE Remit payment in check or money Approved: order, payable to "Secretary of State." MATERIAL & GUIDEWAY SYSTEMS COMPANY CORPORATE NAME: \_ ILLINOIS STATE OR COUNTRY OF INCORPORATION: . 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): Hawkins K Registered Agent. Last Nama First Nr me Middle Name 7646 West 159th St Registered Office Street Suite No. (A P.O. Box alone is not acceptable) Number Orland Park 60462 Cook County Zin Code Cilv Name and address of the registered agent and registered office shall be (after all changes herein reported): Camillone Robert Registered Agent Last Name First Name M<sup>i</sup> Jr!e Name 14409 Maycliff Drive eaistered Office Suite No. (A P.O. Box alone is not acceptable) Number Street 60462 Cook Orland Park County Zip Code City 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) IRAN 9708 01/12/96 12:23:00 (Note 5)793 . DR a... 🔀 - By resolution duly adopted by the board of directors. (Note 6) COOK CEUTRY RECORDER b. By action of the registered agent. 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. Material & Guideway Systems Company November 13 Exact Mame of Cofferation) Lenella attested by Korelin (Signature of President or Vice President) (Signature de Secretary or Assistant Secretary) Robert J Camillone President Rosalie J Camillone, Asst 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)

## UNOFFICIAL COPY

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