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Cook County Recorder

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File # D5432-526-6



Form BCA-5.10 NFP-105.10

(Rev. April 1995)

Secretary of State
Department of Busines: Services
Springfield, IL 62756
Telephone (217) 782-3647
http://www.sos.state.il.us

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE



JAN 2 (1 1999

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

0/1/0/

Filing Fee

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Approved:

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

San Brillian

Type or print in black ink offy. See reverse side for signatures

1. CORPORATE NAME: Michaels	Consulting,	Ltd
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2. 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 Agen	Anthony	<u> </u>	Madonia
	First Name	Middle Name	Last Name
Registered Office	318 W. Randolph		en de la companya de En la companya de la
- Augustored Office	Number Street	Suite No. (A P.O. Box	alone is not acceptable)
.,	Chicago,	60606	Cook
į.	City	ZIP Code	County

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

Registered Agent	Anthony	J.	Madonia
, , , , , , , , , , , , , , , , , , ,	First Name	Middle Name	Last Name
Registered Office	150 N. Wacker Dr		
-	Number Street Suite No. (A P.O		Box alone is not acceptable)
<u>.</u>	Chicago	60606	Cook
	City	ZIP Code	County

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5.	 I he address of the registered office and the address of the busine will be identical. 	ess office of the registered agent, as changed
6.	The above change was authorized by: ("X" one box only)	
U.	a. By resolution duly adopted by the board of directors.	(Note 5)
	b. By action of the registered agent.	_(Note 6) _∂6ξ = ∃A √(∄)
		Carrier St. (Frank)
NO.	TE: When the registered agent changes, the signatures of both	president and secretary are required.
7.	(If authorized by the board of directors, sign here. See Note 5)	and seems of to tribut.
who	The undersigned corporation has caused this statement to be som affirms, under penalties of perjury, that the facts stated herein	igned by its duly authorized officers, each o
Date	ed19,	ា មិនដែលកាស់ (១.១) ប្រ
	Opt See See See	(Exact Name of Corporation)
atte	sted by by	
· \$ *	(Signature of Secretary or Assis ant Secretary) (Sig	nature of President or Vice President)
	THE TOTAL STATE OF THE PROPERTY OF THE PROPERT	The Control of the Co
	(Type or Print Name and Title)	(Type or Print Name and Title)
	TARELYN ASIATE	
(If C	hange of registered office by registered agent, sign more. See No The undersigned, under penalties of perjury, affirms that the fac	ote 6) cts stated herein are true.
Date	the state of the s	
Dun	(5)	nature of Registered Agent of Record)
-		The gistered Agent of Necold)
	NOTES	
,	NOTES	CONFLICATENAME CONFINE
1.	The registered office may, but need not be the same as the prince registered office and the office address of the registered agent is	cipal office of the corporation. However, the
*- 	The state of the s	
2. % 1	The registered office must include a street or road address; a pos	st office box number alone is not acceptable.
3.	A corporation cannot act as its own registered agent.	CONTRACTOR OF THE PROPERTY OF
4.	If the registered office is changed from one county to another, the of deeds of the new county a certified copy of the articles of incorp of change of registered office. Such certified copies may be obtained.	oration and a certified copy of the statement
5.	Any change of registered agent must be by resolution adopted by then be signed by the president (or vice-president) and by the s	the board of directors. This statement must
	the s	coloidity (or an assistant secretary).
6.	The registered agent may report a change of the <i>registered offic</i> registered agent. When the agent reports such a change, this sagent.	statement must be signed by the registered
	- -	The state of the s

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