## FILE NOW: Fee after May 1, will be \$588.75

FILING FEE \$ 203.75	Make Check	Payable To: FL	3.76 Corporation Supple ORIDA DEPARTM	of State PRPORATIONS mental Fee INT OF STATE		FILE( IAY 19 A RETARY 0	M 11: 53
SARGENT & LUNDY, L.L.C., L.C.  55 EAST MONROE STREET CHICAGO IL 60603					SECRETARY OF STATE TALLAHASSEE, PLORDA  1a. Principal Place of Business Address  55 EAST MONROE STREET CHICAGO IL 60603		
If above mailing address is incorrect in any way, line through incorrect Principal Place of Business 2a. Mail			errect information and enter Mailing Address			ed or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.		05/27/1994 II 4. FEI Number		L Applied For
City & State		City	City & State		86-1729848		Not Applicable
Zıp	Country	Zip	Co	untry	5. Date of Last F	Ì	6. Certificate of Status Desired  58 70 Additional Fee Reguled
7.	Name and Addres	s of Current Registe	ered Agent		8. Name and Address of New Re		gistered Agent
				Sulte, Apt. #, e		· · · · · · · · · · · · · · · · · · ·	Zip Code
its registered office	or registered agent it, and acpent the o	, or both, in the State of bligations.	f Florida. Such change wa	as authorized by affirm	native vote of a majorit	y of the member	ment for the purpose of changing s. I hereby accept the appointment $24-97$
its registered office as registered agen SIGNATURE	or registered agent, and accept the of (Registered	, or both, in the State of bligations.  Agent Accepting Appointment	f Florida. Such change wa	as authorized by affirm	native vote of a majorit	ubmits this state y of the member	s. I hereby accept the appointment
its registered office as registered agen SIGNATURE	or registered agent it, and acpent the o	, or both, in the State of bligations.  Agent Accepting Appointment opers/Managers	f Florida. Such change we	as authorized by affirm	native vote of a majorit (mg) S	ubmits this state y of the member	s. I hereby accept the appointment
its registered office as registered agen SIGNATURE	or registered agent nt, and accept the of Registered Managing Mernt	, or both, in the State of bligations.  Agent Accepting Appointment opers/Managers	f Florida. Such change we	as authorized by affirm  Laco  nature required when reinstel siness Street Address	native vote of a majorit	DATE 2 - 6 City	s. I hereby accept the appointment
its registered office as registered agen SIGNATURE	or registered agent nt, and accept the of Registered Managing Mernt	, or both, in the State of bligations.  Agent Accepting Appointment opers/Managers	f Florida. Such change we	as authorized by affirm  Laco  nature required when reinstel siness Street Address	native vote of a majorit	DATE 2 - 6 City	s. I hereby accept the appointment  4-97  State and Zip Code  IL  1894131
its registered office as registered agen SIGNATURE	or registered agent nt, and accept the of Registered Managing Mernt	, or both, in the State of bligations.  Agent Accepting Appointment opers/Managers	f Florida. Such change we	as authorized by affirm  Laco  nature required when reinstel siness Street Address	native vote of a majorit	DATE 2 - 6 City	s. I hereby accept the appointment  4-97  State and Zip Code  IL  1894131
its registered office as registered agen  SIGNATURE  10. Title  GRM CHIA	iffy that the informationual report is true appany or the received.	or both, in the State of bligations.  Agent Accepting Appointment opers/Managers  CARMEN M  on supplied with this fill and accurate and that	ing does not qualify for the my signature shall have	e exemption stated in the same legal effect	Section 119.07(3) (I), as if made under oath	DATE 2 - 2 City CHICAGO DC102 -05/23 *****2	s. I hereby accept the appointment  4-97  State and Zip Code  IL  1894131