<i>,</i>	D LIABILITY COMPANY ANNUAL REPORT 1998	A P	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVIDENT OF STATE 98 APR -6 AM 11: 41	
FILING \$ 188.	FEE Annual Report \$100.00 75 Make Check Payable	+ \$88.75	Corporation Sup	plemental Fee	}	www
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9400000046 SARGENT & LUNDY, L.L.C., L.C. 55 EAST MONROE STREET CHICAGO IL 60603					1a. Principal Place of Business Address 55 EAST MONROE STREET CHICAGO IL 60603	
Silva			1 # 010		05/27/1994	IL
Suite, Apt. #, etc. Suite		Suite, Al	Apt. #, etc.		4. FEI Number	Applied For
City & Sta	10	City & S	tate		36-1729848	Not Applicable
Zip	Country	Zip	Count	lry	5. Date of Last Report	6. Certificate of Status Desired
					05/19/1997	S8 75 Additional Fee Required
	7. Name and Address of Curren	t Hegistered	Agent	Name 8. I	Name and Address of New Re	Bisteled Ydeunouice
1201	PRENTICE-HALL CORE HAYS STREET, SUITA HASSEE FL 32301		Street Address		(P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.		
				0010,741.4700	'	
				City	F	
its register	ant to the provisions of Sections 608.416 red office or registered agent, or both, in the red agent, and accept the obligations.	and 608.506 ne State of Flo	3, Florida Statutes, the a orida. Such change was a	City bove-named limited	liability company submits this s	tatement for the purpose of changing
its register	red office or registered agent, or both, in the red agent, and accept the obligations.	ne State of Flo	3, Florida Statutes, the a orida, Such change was a (NOTE Registered Agont signatur	City bove-named limited authorized by affirma	liability company submits this s tive vote of a majority of the mem	tatement for the purpose of changing
its register as register	red office or registered agent, or both, in the red agent, and accept the obligations.	ne State of Flo	orida, Such change was a	City bove-named limited authorized by affirma	liability company submits this strive vote of a majority of the mem	tatement for the purpose of changing bers. I hereby accept the appointment
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SIGNATURE: SIGNATURE AND TYPE D OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JNHSE10 R (12-97)

312-269-

Daytime Phone #

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