TRIMA COVER SHEET REFERENCE: (Sub Account) DATE: Lexis Ducument REQUESTOR HANDE: ADDRESS: TELEPHONE: .) uxt CONTACT HARD! CORPORATION HAND: رنا DOCUMENT NUMBER: (if applicable) CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STANDED COPY 500003378785 Call When Ready Call if Problem) After a Halk In Hall out After 4:30 Hill Halt

> 100 8/31/00

AND AND AND 26 PLONION

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.	.1508, or 617.1508, Florida of Illinois	1 Statutes, the
submits the follo State of Florida	Dealter Cuntome Inc	office or registered agent, o	or both, in the
1. The name of the corporation is: Realty Systems, The			
2. The mailing address of the corporation is: 2 N. Riverside Plaza			
Chicago, IL 60606			
3. Date of incom	rporation/qualification: 7-27-94]	Document number:	8479 700 8
4. The name and address of the current registered agent and office:			
	The Prentice-Hall Corporation Sys	stem, Inc.	SSE ≃
	1201 Hays Street Suite 1	05	JTC Za, Z
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·	& €
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			
Lexis Document Services Inc.			
3953 WW Kelley Road			
	Tallahassee, FL 323		
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.			
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, chaightan or vice chairman of the board) (Date)			
	Jenn fey L Show So (Printed or typed name and title)	ecretary 8/2 (Date)	8/00
Having been n corporation, I I further agree performance of registered age	named as registered agent and to accept servic hereby accept the appointment as registered a to comply with the provisions of all statutes r of my duties, and I am familiar with and accept tht.	e of process for the above agent and agree to act in the elative to the proper and c t the obligation of my posi	stated iis capacity. omplete tion as
_	(Signature of Registered Agent)	(Date)	30-00
If signing on bel		Vey Copposity)	ate Adm
		FILING	G FEE: \$35.00

CR2E045(4/95)