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Change

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: DSG Services Group, inc. (Name of corporation) | | | | |
| DOCUMENT NUMBER: F01000004398 | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Jerry M. Kane (Name of contact person) | | | | |
| DSG Services Group, Inc. (Firm/Company) | | | | |
| 580 Roger Williams Avenue | | | | |
| (Address) | | | | |
| Highland Park, IL 60035 (City/state and zip code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Jerry M. Kane at (847) 926-0340 (Name of contact person) (Area code & daytime telephone number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tellsbarger FL 32314 Mailing Address: Amendment Section Amendment Section Division of Corporations 409 E. Gaines Street Tellsbarger FL 32314 | | | | |

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L AIIG 27 PM 4:

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

| statement of cha | inge is submitted for a corporation orga | 02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Illinois tered agent, or both, in the State of Florida. | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| | the corporation: DSG Services Group, I | • | |
| 1. The name of | 580 Roger Williams Av | entie | |
| | office address: 580 Roger Williams Av | ende | |
| Highland Par | rk, IL 60035 | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: August 20, 2001 | Document number: F01000004398 | |
| | I street address of the current registered rtment of State; | agent and registered office on file with the | |
| | Gary A. Kane | | Ās |
| | 3700 South Ocean Blvd., Apt. 707 | | |
| | Highland Beach, FL 33487 | | TARY ASSE |
| 6. The name and (if changed): | d street address of the new registered ago | ent (if changed) and /or registered office | CRETARY OF STATE |
| | Gary A. Kane | | 3 |
| | 4076 Bocaire Blvd. | | |
| | (P.O. Box NOT acceptab | le) | |
| | Boca Raton, FL 33487 | | |
| The street addr | ess of its registered office and the stree I be identical. | et address of the business office of its registered | agent, |
| Such change wauthorized by t | as authorized by resolution duly adopt he board, or the corporation has been i | ed by its board of directors or by an officer so notified in writing of the change. | |
| (Signat | ive of an officer or director) | Jerry M. Kane, Executive Vice President (Printed or typed name and title) | |
| Thereby accept I further agree of my duties, as document is be corporation lig | t the appointment as registered agent of to comply with the provisions of all stand I am familiar with and accept the of ing filed merely to reflect a change in seen notified in writing of this chang | and agree to act in this capacity. atutes relative to the proper and complete perfor bligation of my position as registered agent. Or the registered office address, I hereby confirm to ge. | rmance ; if this hat the |
| | ary alane | 8-16-04 | |
| (S | ignature of Registered Agent) | (Date) | |
| If signing on be | ehalf of an entity: | | |
| | Typed or Printed Name) | | |

* * * FILING FEE: \$35.00 * * *