

ACCOUNT HUMBER: FCA00000005
REFERENCE: 20/6924-15 (Sub Account)
DATE: 8-24
REQUESTOR HAHE: LEXIS
ADDRESS:
TELEPHONE: () (
CONTACT HAME:
CORPORATION MAKE: EOR- Oxford & Suss ex Vistas
·
DOCUMENT NUMBER:
(if applicable)
AUTHORIZATION: C. Woodiard
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9)
PLALN STANPED COPY1000029685012
() Call When Ready () Call if Problem () ifter 2:10
Call When Ready () Call if Problem () After 4:10 Walk In () Will Wait () Pick Up () Hail Out
ϵ^{\prime}

C. COULLIETTE AUG 2 4 1999

99 AUG 24 PN 12: 3
PINE FAN 6 LEE PEUR DA

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

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

	ration organized under t ng statement in order to			agent, or both, in the
State of Florida.				· · · · · · · · · · · · · · · · · · ·
<u> </u>	corporation is: E	OR- Oxford & Su	ssex Vistas, Inc.	
	-			•
2. The mailing addr	ess of the corporation is:	2 North River	side Plaza #1515	, Chicago, IL 60606
3. Date of incorpor	ration/qualification: 2/	'28/96	Document number:	F96000001021
4. The name and ad	dress of the current regis	stered agent and offic	ce:	
			•	7 S
<u>Th</u>	e Prentice-Hall Cor	poration System	s, Inc.	ES T
_12	<u> Ol Hays Street, Sui</u>	te 105		翌らた
_Ta	llahassee, FL 3231	1		2000年四
5. The name and ad	ldress of the new register	red agent and office:	(P. O. Box Not Acce	ptable) The P
	LEXIS Document	Services Inc.		- SE W
	2052 181 8-11	D-ad ::		DFR 20
	3953 WW Kelley			
	Tallahassee, FL			
The street address agent, as changed,	of its registered office a will be identical.	and the street addre	ss of the business of	fice of its registered
Such change was a	authorized by resolution	duly adopted by it	s board of directors	or by an officer so
authorized by the	opard.		· · · · · · · · · · · · · · · · · · ·	18/99
(Signature of	an officer, chairman or vic	e chairman of the boar	i)	(Date)
Ann	^	2	81	18/99
<u> </u>	(Printed or typed name			(Date)
corporation, I here I further garee to a	ed as registered agent a eby accept the appoint comply with the provisi y duties, and I am famil	and to accept servic ment as registered of ions of all statutes r	gent and agree to a elative to the proper	and complete
(Sign	how Madu	X	\$\langle \(\text{D} \)	18 9 ate)
76 atanta a an 7 atanto	V	U	•	
If signing on behalf or	ranenury: ocument Services In	nc - "		
	ped or Printed Name)		(Capaci	ty)
CR2E045(4/95)				FILING FEE: \$35.00