FILED Apr 03, 2002 8:00 am

DOCUMENT # 819858 1. Entity Name ROBERT W. HUNT COMPANY.						Secretary of State 04-03-2002 90204 041 ***150.00		
Principal Place of Business 580 WATERS EDGE STE 210 LOMBARD IL 60148 US		Mailing Address 580 WATERS EDGE STE 210 LOMBARD IL 60148 US				B00220 ra		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State				4. FEI Number Applied For		
Zip Country		Zip Country		try		36-1246170 Not Applicable 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Current F		egistered Agent			7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Add 120	Address (P.O. Box Number is Not Acceptable) 201 Hays Street Fallahassee FL Zip.Code 32301			
8. The above named entity, submits this statement for the purpose of changing its registered office or registered age SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reference to the state of the purpose of changing its registered office or registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00						5	ASSI. V.P. 2/18/02 10. Election Campaign Financing \$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		Make Check Payab		nent of State		Trust Fund Contribution. Added to Fees		
TITLE PD ROBINSON, F STREET ADDRESS CITY-ST-ZIP BARRINGTON	RECTORS ———————————————————————————————————	III .		Lombard IL 60148 CEO/Dir. Dickerson C. Wright 7895 Convoy Court. Suite 18				
			il					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TDS MASDEN, A L 13022 OAK C PALOS HEIGH	rt	⊠ Delete	- 11		CFO Jos 631	/D epl		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ll .	ľ	Sec Don 789	ret ald 5 (tary/Dir. Change Addition of C. Alford Convoy Court, Suite 18 iego, CA 92111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 11		Dir Rob 580	ect ert		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ormation cumplied with th	Delete	CITY-	T ADDRESS ST-ZIP	<u>-</u>		Change Addition 9.07(3)(i), Florida Statutes. I further certify that the information	

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

CR2E034 (9/01)