

ACCOUNT NO. : 072100000032

REFERENCE :

761739

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE : September 26, 2002

ORDER TIME : 10:54 AM

ORDER NO. : 761739-435

CUSTOMER NO: 4385593

500008178795--9

CUSTOMER: Ms. Leonor De La Torre

Aon Corporation

Aon Center

200 East Randolph Drive

Chicago, IL 60601

## CHANGE OF AGENT

NAME: CANANWILL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

the State of F	following statement in order to change its registered office or registered agent, or both, in	_
•	of the corporation:	
CANANWIL	T.T. Thic	<u>-</u>
2. The mailing	ng address of the corporation: 200 East Randolph Dr., 4th Fl.	<u>.</u>
	, IL 60601	_
3. Date of inc	corporation/qualification: August 24, 1976 Document number: 836898	<del></del>
	and address of the current registered agent and office:	-
	CT Corporation System	
	1200 South Pine Island Road	No marcial di
<b>-</b>	Plantation, FL 33324	
5. The name ar	and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box <b>Not</b> Acceptable)	*.
	Corporation Service Company	=
	1201 Hays Street	; <u>sho</u> r —-
	Tallahassee, FL 32301	5 5 7
The street addragent, as chang	lress of its registered office and the street address of the business office of its registered ged, will be identical.	가요. 취임·포
Such change wanthorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board.	
a	· Mate	
(Signature	e of an officer, chairman or vice chairman of the board)  September 09, 2002 (Date)	· <del>**</del> **
Anne Martin, A	Attorney in Fact	
	(Printed or typed name and title)	* · = #
Having been na corporation, I had I further agree to performance of registered agen.	amed as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as Service Company	-
Cara	all Q	
	(Date)	<u> </u>
If signing on behalf	•	
Carol K. Dolor	Typed or Printed Name)  Assistant Vice President	
\ <b>-</b>	(Capacity)	

DIVISION OF CORPORATIONS

CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314