

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90080 028 ***150.00

A 1008/02

Principal Place of Business	Mailing Address
123 N WACKER DR CHICAGO IL 60606 US	P.O. BOX 8264 CHICAGO IL 60680-8264 US

2. Principal Place of Business 200 E. Randolph Pr. Suite, Apt. #, etc. TAX DEPT, 4th FL. City & State CHICAGO, ILL	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip 60601	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name
	Street Address (
	City

4. FEI Number 58-1279498	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAMAR, PAUL T 123 N. WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAMAR, PAUL, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Randolph Dr., Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, MICHAEL D 123 N. WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, MICHAEL D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Randolph Dr., Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE 123 N WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Randolph Dr., Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JESCHKE, ARLENE 123 N WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JESCHKE, ARLENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Randolph Dr., Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAGHER, TRACEY A 123 N. WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAGHER, TRACEY A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Randolph Dr., Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I 123 N WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Randolph Dr., Chicago, IL 60601

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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.

CR2E034 (9/01)

SIGNATURE: SIGNATURE REQUIRED 4/22/02 312-381-3273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #