CHCAGO HEIGHTS IL 6011 CHCAGO HEIGHTS IL 6010	Entity Nam	MENT # FOOOOOC ne n Marshall Industries, II		ł	. ንዩ		Apr 18, 2 Secreta 04-18-2001 9	2001 ry 01 20030 039	8:0 f Sta ***150	U am ate
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Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number is 36-3988867 Applied Not Applied Zip Country Zip Country 8. Certificate of Status Dosition S5.75 Addeem Fee Required C T CORPORATION SYSTEM 1200 SOUTH FINE SLAND ROAD PLANTATION FL 33324 Name Name Name Name C T CORPORATION SYSTEM 1200 SOUTH FINE SLAND ROAD PLANTATION FL 33324 State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) Dot State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) Dot State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) Dot State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) Dot State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number is Not Acceptable) State Address (P O. Box Number	-			2411						
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City FL Zip Code 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. State of Florida. SIGNATURE Systems, byeat or private sense of registered agent and registered agent age	1200) South Pine Island Road			Street Address (P.O. Box Number is Not Acceptable)					
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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 dire 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 changed, or on an attachment with an address, with all other like empowered SIGNATURE: 4/13/01 708–345–2500	of the corp	poration of the receiver of trustee empoy	wered to execute this repo	rt as require	iption stated in ire shall have the od by Chapter (Section 1 le same I 307, Florid	19.07(3)(i), Fiorida Statutes. I f egal effect as if made under oa la Statutes; and that my name	urther certify th; that I am appears in B	that the in an officer lock 11 or	formation or director Block 12 if