


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 26 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002197			
1. Entity Name RELAY, INC.			
Principal Place of Business 303 EAST WACKER DRIVE STE 400 CHICAGO, IL 60601		Mailing Address 1507 WOODSON ROAD SAINT LOUIS, MO 63114	
2. Principal Place of Business		3. Mailing Address 35 West Wacker Drive	
State, Apt. #, etc.		City & State Chicago, IL	
City & State		4. FEI Number 75-3029714	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of, the registered agent. SIGNATURE: <i>Beverice Stuewe</i> Beverice Stuewe Assistant Secretary DATE: 10/26/05			
FILE NOW! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED HAYWARD, WALLACE M 303 EAST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB/CEO/D Hayward, Wallace M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DOLAN, JOHN C 1507 WOODSON ROAD ST. LOUIS, MO 63114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO Dolan, John C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS THORSON, SONDR A 35 WEST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, JEANNETTE 1507 WOODSON ROAD ST. LOUIS, MO 63114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRIEN, NICOLAS 35 WEST WACKER DRIVE CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VPAS Brien, Nick M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, BARRY L 35 WEST WACKER DRIVE CHICAGO, IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Sondra J. Thorson</i>		SIGNATURE: <i>Sondra J. Thorson</i> Vice President / Assistant Secretary	

October 25, 2005

Division of Corporations

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CORPORATION REINSTATEMENT

RELAY, INC.

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