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DIVISION OF CORFCRATION



ACCOUNT NO. : 072100000032

REFERENCE: 266914 - 4329169

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 3, 2003

ORDER TIME : 11:35 AM

ORDER NO. : 266914-050

CUSTOMER NO: 4329169

CUSTOMER: Ms. Tina L. Koseck

Foley & Lardner

Suite 2800

321 N. Clark Street Chicago, IL 60610

CHANGE OF AGENT

NAME: KATHRYN BEICH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

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

Pursuant to th	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement o	of change is submitted for a corpora	tion organized under the laws of the	e State of
Delaware		tered office or registered agent, or	•
of Florida.			<u></u>
•	the corporation: KATHRYN BEICH, I	NC.	03
	l office address: 2 Access Way		PO 9 T
Втооштий со	11, 11 61/04		
3. The mailing	address (if different):	, ·	2
			67 °
4. Date of inco	rporation/qualification: September	12, 2002 Document number: FO	2000004684
	nd street address of the current regist artment of State:	ered agent and registered office on	file with the
	C T Corporation System		_
	1200 South Pine Island Road		
	Plantation, FL 33324		_
6. The name a changed):	and street address of the new regist	ered agent (if changed) and /or re	gistered office (if
	1201 Hays Street (P.O. Box or personal n	nailbox NOT acceptable)	_
	Tallahassee, FL 32301		
The street addragent, as chang	ress of its registered office and the seed will be identical.	street address of the business office	of its registered
Such change want or ized by	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or been notified in writing of the change	oy an officer so e.
Signature of an ortice	er, chairman of the board)	Louis J. Giaccardo, Attorney (Printed or typed name and title)	in Fact
I further agree performance o registered age office address, corporation s	t the appointment as registered age to comply with the provisions of all f my duties, and I am familiar with nt. Or, if this document is being file I hereby confirm that the corporate Serve Confirm	l statutes relative to the proper and	d complete
-Mm	Signature of Registered Agent)	(Date)	
If signing on beha	ılf of an entity:		
Marva William		Assistant Vice President	
((Typed or Printed Name)	(Capacity)	_

* * * FILING FEE: \$35.00 * * *