F03000000622

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(Business Entry Name)				
(Document Number)				
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DIVISION OF CORPORATIONS

7004 FEB 24 PH 4: 54

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FILING REQUEST

February 20, 2004

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

AFTERMATH SOLUTIONS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #14225 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

	-	7.0502, 607.1508, or 617.1508, Florida Statutes, th	
_	itted for a corporation organized und gistered office or registered agent, of		in order
1. The name of	the corporation: Aftermath Solution	ons, Inc.	
2. The principal	office address: 10200 Mandel Roa	ed, Plainfield, IL 60544	
3. The mailing a	address (if different): P.O. Box 625	5, Aurora, IL 60598	
4. Date of incor	poration/qualification: 2/6/2003	Document number: F03000000622	
	d street address of the current registe rtment of State:	red agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		200 200
	Plantation, FL 33324		A FER
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	2004 FEB 24 PH 1
	NRAI Services, Inc.		- z
	526 E. Park Avenue		2
	(P.O. Box or per	rsonal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addr changed will be	ess of its registered office and the se identical.	street address of the business office of its register	ed agent, as
Such change w the board, or th	as authorized by resolution duly ad e corporation has been notified in v	lopted by its board of directors or by an officer so writing of the change.	o authorized by
Christ	onher E. Wilson	Christopher Wilson, President	le)
I hereby accept I hereby accept I further agree duties, and I an being filed mer been notified in NRAI Services	the appointment as registered age to comply with the provisions of all n familiar with and accept the obli- rely to reflect a change in the regist n writing of this change.	ent and agree to act in this capacity. It statutes relative to the proper and complete per gation of my position as registered agent. Or, if ered office address, I hereby confirm that the con	
by:	(Signature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Jackie Sorma	n	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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