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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 12, 2016

Order#: 945845-062

Re: COUNTRY CAPITAL MANAGEMENT COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation of to change its registered office or r	organized under the la	ws of the State of Illi	nois
	he corporation:COUNTRY CAPITA			
2. The principal	office address: 1701 Towanda Ave	., Bloomington, IL 617	701	
3. The mailing a	ddress (if different): 1711 GE Road	l, Bloomington, IL 617	704	
4. Date of incorp	e of incorporation/qualification: 04/23/2003 Document number: F03000002060			
	street address of the current registe tment of State: (If resigned, enter re		ed office on file with	ı the
	C T Corporation System			
	1200 South Pine Island Road			· or
	Plantation	FL	33324	16 TO SHARE
6. The name and (if changed):	street address of the new registered	d agent (if changed) ar	nd /or registered offic	
	Corporation Service Company			PH 4: 01
	1201 Hays Street			. 0
	P.O. Bo Tallahassee	x NOT acceptable	32301	
	ess of its registered office and the s be identical.	treet address of the bu	usiness office of its i	
Such change wa authorized by th	is authorized by resolution duly ad the board, or the corporation has been	opted by its board of each notified in writing	directors or by an of of the change.	licer so
	Dona Priebe, Vice President Frinted or typed name and title			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the copporation has been notin Service Company	nt and agree to act in l statutes relative to ti and accept the obliga	this capacity. he proper and comp tion of my position o	is registered
By: Eling	he axan	01/29/2016		
	half of an antity:		Date	
	half of an entity: wson, Asst. Vice President			
	yped or Printed Name			

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