

F10000000575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

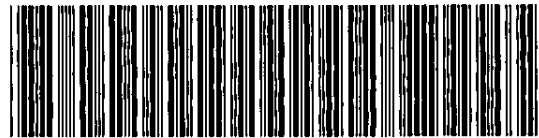
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 476583 7906978

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : December 28, 2012

ORDER TIME : 5:20 PM

ORDER NO. : 476583-081

CUSTOMER NO: 7906978

CHANGE OF AGENT

NAME: TRUTWIN ACQUISITION SUB, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRUTWIN ACQUISITION SUB, INC.
2. The principal office address: _____
8750 W. Bryn Mawr Avenue, Suite 400, Chicago, IL 60631
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/02/2010 Document number: F10000000575
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.

515 East Park Avenue

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cathell
Signature of an officer or director

Maureen Cathell, Vice President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: Sylvia Queppet

Signature of Registered Agent

02/07/2013

Date

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)