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To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (860)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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SECRETARY OF STATE
ALL'AHASSEE FEORIGA

REGISTERED AGENT CHANGE JAYSON CONCEPTS, INC.

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SECRETARY OF STATE

TANGE TANGE

COVER LETTER

TO:	Amendment Se Division of Co	ection rporations					
SUBJ	ECT:	Jayson Conce					
		Name of C	Corporation				
DOC	UMENT NUMB	ER:	F53201				
The er	nclosed Statemen		e/Agent and fee are submitted for filing.				
		pondence concerning this matte					
			•				
	Name of Contact Person						
	Firm/Company						
			••••				
	Address						
City/State and Zip Code							
	debbie@itw.com						
	Е-п	nail address: (to be used for t	uture annual report notification)				
For fu	rther information	concerning this matter, please	call:				
			at ()				
	Name o	f Contact Person	at () Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 ch	eck made payable to the Depar	tment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (WD5)

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

statement of chi	ange is submitted for a cor	poration organiz	. 607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Florida		
1. The name of	the corporation: Jayson Co	ncepts, Inc.				
	office address: 115 Vista		NC 28704			
3. The mailing (address (if different); 3600	W. Lake Avenue,	Glenview, IL 60026			
4. Date of incor	poration/qualification:	11/10/1981	Document number:	F53201		
	d street address of the curr rtment of State: (If resigne		ent and registered office on fil	e with the		
	Pfaffenberger, W J					
	11780 US #1, Suite 30					
	North Palm Beach, FL 334	408				
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registere	d office		
	C T Corporation System					
	c/o C T Corporation Syste	m, 1200 South Pic	ne Island Road			
	P.O. Bux NOT acceptable					
			ddress of the business office			
authorized by t	he board, or the corporati	on has been noti	by its board of directors or b fied in writing of the change	y an officer so		
- Buk	ET OF AN OTHER POP OF CHICAGO		Barbara G. Siegan, As	•		
- 1977		stered agent and sions of all statu accept the oblig a change in the of this change.	agree to act in this capacity es relative to the proper and ation of my position us regi- registered office address. I			
By:	engthrough Registered Agent chalf of an entity ShriS	McNeair		A		
	Assistan	<u>Secretar</u>	у	in in the second		

* * * 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 (8/05)

SSEE, FLOR

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