

94000001486

ACCOUNT NO. :

072100000032

REFERENCE :

761739

4385593

AUTHORIZATION

COST LIMIT

ORDER DATE: September 26, 2002

ORDER TIME: 10:49 AM

ORDER NO. : 761739-230

CUSTOMER NO: 4385593

100008178731--8

CUSTOMER:

Ms. Leonor De La Torre

Aon Corporation

Aon Center

200 East Randolph Drive

Chicago, IL 60601

CHANGE OF AGENT

NAME: THE AUTO CONDUIT CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
	ed corporation organized under the laws of the State of Delaware ollowing statement in order to change its registered office or registered agent, or both, in	
the State of Flo		
1. The name of	of the corporation:	.
THE AUTO	CONDUIT CORPORATION	· .
2. The mailing	g address of the corporation: 200 East Randolph Dr., 4th Fl.	-
	IL 60601	. نو د خو
3. Date of ince	corporation/qualification: March 23, 1994 Document number: F94000001486	
	and address of the current registered agent and office:	
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
5. The name a	and address of the new registered agent (if changed) and/or registered office (P. O. Box Not Acceptable)	_
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301	
The street add agent, as chan	dress of its registered office and the street address of the business office of its registered nged, will be identical.	
Such change vauthorized by	// ///	
-/ Hac	re of an officer, chairman or vice chairman of the board) September 20, 2002 (Date)	
Asignatui	the of all officer, charman of vice charman of the boardy	
Maureen Culle	en, Vice President	er .
corporation, I I further agree performance of registered age	(Printed or typed name and title) named as registered agent and to accept service of process for the above stated I hereby accept the appointment as registered agent and agree to act in this capacity. see to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Service Company	
	September 20, 2002	
If signing on help		
If signing on beh	and the second desired	-
Carol K. Dol	(Typed or Printed Name) (Capacity)	= 1
	*** FILING FEE: \$35.00 ***	

CR2E045(9/00)