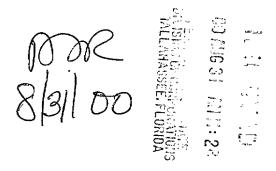
REFERENCE! (Sub Account) DATE: Ducument Lexis REQUESTOR HAVE: ADDIWSS: TELEPHONE: CONTACT HAND: CORPORATION NAME: DOCUMENT NUMBER: (if applicable) AUTHORIZATION: CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY 700003378787--3) Call When Ready) Walk In) Mail Out Call if Problum

) Will Halt



arrage and

) Niter d After 4:30

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the undersigned c	te provisions of sections 607.0502, 617.0502, 6 orporation organized under the laws of the Sta	607.1508, or 617.1508, Florida Sta tte of Illinois	itutes, the
submits the foi State of Florid	lowing statement in order to change its register	red office or registered agent, or bo	oth, in the
•	f the corporation is: MHC-QRS Deanza, Inc	3.	
	address of the corporation is: 2 N. Riversic	de Plaza	
Chicago, Il	60606	· · · · · · · · · · · · · · · · · · ·	
3. Date of inco	rporation/qualification: 8-1-94	_ Document number: F95000	002383
4. The name an	d address of the current registered agent and off	fice:	
	The Prentice-Hall Corporation S	ystem, Inc.	
	110 N. Magnolia Stree	t Zo	9
	Tallahassee, FL 32301	1	> ==
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			
	Lexis Document Services		<u>≃</u>
	3953 WW Kelley Road		E O
	Tallahassee, FL 323	A A	# F
The street addragent, as chang	ess of its registered office and the street addre	ess of the business office of its reg	istered
Such change wanthorized by the	as authorized by resolution duly adopted by it ne board.	s board of directors or by an offic	er so
R., 198	and W. Fell of an officer, chairman or vice chairman of the boan	8-18-00	<u>.</u>
	id W. Fell; Vice Presiden		
	(Printed or typed name and title)	(Date)	
Having been na corporation, I h I further agree t performance of registered agen	med as registered agent and to accept service ereby accept the appointment as registered a to comply with the provisions of all statutes re my duties, and I am familiar with and accept t.	e of process for the above stated gent and agree to act in this capa elative to the proper and complete t the obligation of my position as	acity.
	ignature of Registered Agent)	8-30-00 (Date)	
If signing on behal	f of an entity:		
	yped of Printed Name)	Key Corpora	te Alon
CR2E045(4/95)		FILING FEE: \$35.	96