F96000004713



ACCOUNT NO. :

072100000032

REFERENCE :

528896

AUTHORIZATION

COST LIMIT

ORDER DATE: December 23, 1999

ORDER TIME: 10:07 AM

ORDER NO. : 528896-380

300003081633--1

CUSTOMER NO: 4323253

CUSTOMER:

Natalie K. Miller, Legal Asst

Sara Lee Corporation

Three First National Plaza

Chicago, IL 60602-4260

CHANGE OF AGENT

NAME:

THE HARWOOD COMPANIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

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

	e provisions of sections 607.0502, 617.0502, 6	
the undersigned	l corporation organized under the laws of the Sta lowing statement in order to change its register	red office or registered agent, or both, in
suomiis ine joii the State of Flo		ou office of together agent, or early an
	f the corporation is: THE HARWOOD COMPANIES,	Inc.
1. The hame of		
2. The mailing	address of the corporation is: Three First Na	tional Plaza, Chicago, IL 60602-4261
3. Date of inco	orporation/qualification: 9/13/96	_ Document number: F96000004713
4. The name a	nd address of the current registered agent and off	ñce:
	CT Corporation System	
	1200 South Pine Island Road	99 00
	Plantation, FL 32301	P. (P. O. Box Not Acceptable)
5. The name as	nd address of the new registered agent and office	(1. O. Dox 110t 110topiatology
	Corporation Service Company	
	1201 Hays Street	₩ Ş
	Tallahassee, Florida 32301	
agent, as chang	ress of its registered office and the street addreged, will be identical.	
Such change v authorized by t	was authorized by resolution duly adopted by it the board.	s board of directors or by an officer so
Ma	urean gr. Culle	December 23, 1999
(Signatu	ure of an officer, chairman or vice chairman of the board)	(Date)
Maureen W. Cu	ullen, Vice President	
	(Printed or typed name and title)	Survey and for the above stated
Having been n corporation, I I further agree performance o registered age	named as registered agent and to accept service of hereby accept the appointment as registered age to comply with the provisions of all statutes relaying my duties, and I am familiar with and accept that.	on tand agree to act in this capacity. And the proper and complete to the proper and complete to bligation of my position as
By: Co	al Kal	12/23/99
17.	(Signature of Registered Agent)	(Date)
If signing on behal	If of an entity:	
Carol K. Dol	or, Asst. Vice President (Typed or Printed Name)	(Capacity)
	,	, -
	* * * FILING FEE: \$35.	.00 " " "
CD2EO45(7/97)		

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314