## F97000000646



ACCOUNT NO. -: 072100000032

REFERENCE: 082756

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 19, 2001

ORDER TIME : 10:12 AM

ORDER NO. : 082756-295

CUSTOMER NO: 4385116

CUSTOMER: Maryann Tigert, Legal Asst

Tribune Company

202 West First Street

Los Angeles, CA 90012

900003890569

CHANGE OF AGENT

NAME: RELCON, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

@ COULLIETTE MAR 2 1 2001

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regist the State of Florida.	
1. The name of the corporation is: Relcon, Inc.	
2. The mailing address of the corporation is: 435 N. Michig	gan Avenue, Suite 600, Chicago, IL 60611
3. Date of incorporation/qualification: 2/6/97	Document number: F970000006
4. The name and address of the current registered agent and o	office:
CI Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	TIST &
5. The name and address of the new registered agent and offic	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	<u> </u>
The street address of its registered office and the street addragent, as changed, will be identical.	ress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board	its board of directors or by an officer so
(Signature of an efficer, chairman or vice chairman of the board)	March 7, 2001 (Date)
Marila W. Itiamila Back Garachan	
Mark W. Hianik, Asst. Secretary  (Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered ag I further agree to comply with the provisions of all statutes release formance of my duties, and I am familiar with and accept tregistered agent.	of process for the above stated ent and agree to act in this capacity. lative to the proper and complete he obligation of my position as
By: DUBBIE Hall	3-20-01
(Signature of Registered Agent)	(Date)
if signing on behalf of an entity:	
Sobbie Hall (Typed or Printed Name)	Asst. Vice President (Capacity)
* * * FILING FEE: \$35	
CR2EO45(7/97) DIVISION OF CORPORATIONS P. O. BOX 6327	TALLAHASSEE, FL 32314