

9700000484

ACCOUNT NO.

072100000032

REFERENCE

687035

AUTHORIZATION'

COST LIMIT

ORDER DATE : July 31, 2002

ORDER TIME: 10:22 AM

ORDER NO. : 687035-010

CUSTOMER NO:

4347942

CUSTOMER: Sue E. Minahan, Legal Asst

Education Management

Suite 800

300 Sixth Avenue

Pittsburgh, PA 15222

CHANGE OF AGENT

NAME: MCM UNIVERSITY PLAZA, INC.

300006874643---4

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED _COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

C. Coulliste AUG 0 2 2002

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

the undersigned corporation organized under the laws of the State of Illinois submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: MCM UNIVERSITY PLAZA, INC. 2. The mailing address of the corporation: 20 S. Clark Street, Suite 2800, Chicago, IL 60603 3. Date of incorporation/qualification: 09/17/1997 Document number: F97000004847 4. The name and address of the current registered agent and office: CT Corporation System 1200 South Pine Island Road Plantation. FL 33324 (P. O. Box Not Acceptable) Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, thairman or vice chairman of the board) Frederick W. Steinbelee, Servery (Pintod or typed-skime and tide) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my didies, and I am familiar with and accept the obligation of my position as registered agent. (Signature of an entity: (Signature of an entity: (Signature of an entity: (Signature of an entity: (Capacity)		the provisions of sections 60			8, Florida Statutes,
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(Typed of Frinted Name) (Capacity)	Carol K. Dol				ident
		(Typed of Fitthed Name)		(Capacity)	

* * * FILING FEE: \$35.00 * * *