

F98000005166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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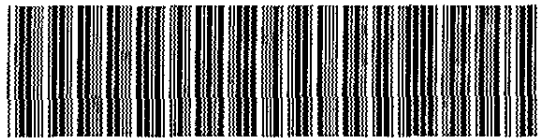
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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C. Coulllette MAR 21 2003

ACCOUNT NUMBER: FCA000000005

REFERENCE: 3109841-9
(Sub Account)

DATE: 3/21

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: NILT, Inc.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard Chg. RA
35.0

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready	() Call if Problem	() After 4:
() Walk In	() Will Wait	() Pick Up
() Mail Out		

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
DELAWARE in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: NILT, INC.
2. The principal office address: 400 NO. MICHIGAN AVENUE, CHICAGO, IL 60611-4181
3. The mailing address (if different):
P.O. BOX 3246, TORRANCE, CA 90510
4. Date of incorporation/qualification: 9/15/98 Document number: F9800200516
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
LexisNexis Document Solutions Inc.
3953 W.W. Kelley Road, Tallahassee, FL 32311
(P.O. Box or personal mailbox NOT acceptable)

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, or the corporation has been notified in writing of the change.

M. Galstian
(Signature of an officer, chairman or vice chairman of the board)

M. GALSTIAN, POWER OF ATTORNEY
(Printed or typed name and title)

*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 duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

M. Galstian
(Signature of Registered Agent)

MARCH 20, 2003
(Date)

If signing on behalf of an entity:

M. GALSTIAN

ASST. SECRETARY

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

POWER OF ATTORNEY FOR CORPORATE PUBLIC RECORDS FORMS

KNOW ALL MEN BY THESE PRESENTS that NILT, Inc., a Delaware corporation (hereinafter referred to as the "Principal"), with its principal place of business at the address last set forth below, authorizes LexisNexis Document Solutions, Inc. (the "Attorney"), a Delaware corporation with offices at 801 Adlai Stevenson Drive, Springfield, Illinois 62703, to act as its attorney-in-fact for the limited purpose of preparing, executing and filing in the Principal's name, corporate public records forms used solely for the purpose of changing the Principal's Registered Agent to LexisNexis Document Solutions, or its agent. The Principal agrees that the Attorney will not be responsible for any error, negligence or for any sort of act or omission not amounting to willful misconduct, and the Principal will hold the Attorney harmless from any and all actions, claims or demands of any nature whatsoever which it may have or will have against the Attorney arising out of the performance of its functions for and on behalf of the Principal pursuant to this Power of Attorney, except for any actions, claims, demands or liabilities caused by the willful misconduct of the Attorney. This Power of Attorney will remain in full force and effect until due notice of its revocation is given by the Principal to the Attorney by registered mail.

IN WITNESS WHEREOF, the Principal has caused this instrument to be executed by a duly authorized representative as of the date set forth below.

PRINCIPAL (legal name and address):

NILT, Inc.

400 North Michigan Avenue

2nd Floor

Chicago, Illinois 60611-4181

By: 

Name: Nancie J. Arvin

Title: Vice President

Date: March 5, 2003