00000014903

ACCOUNT NO.

072100000032 _ _

REFERENCE

AUTHORIZATION

ORDER DATE: February 6, 2002

ORDER TIME :

10:19 AM

ORDER NO. : 399847-005

CUSTOMER NO:

4374944

CUSTOMER:

Sherrie Smith, Legal Asst Sheppard Mullin Richter &

800 Anacapa Street

Santa Barbara, CA 93101-2212

CHANGE OF AGENT

NAME:

IMPERIAL GROUP HOLDINGS, LLC

500004910606--9

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens -- EXT# 1128

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

4 mm1 0.4 11 1.		Tmneri a	l Group Holdings	= TIC
1. The name of the limited	d liability company is:	Tuberra	r Group notating:	5, III.
2. The mailing address of	the limited liability co	mpany is:	3411 Scottsdale	e Circle
Naperville, Illinoi				
12/04/00			L00000014903	
3. Date of filing/registration	on in Florida		4. Document num	ıber
5. The name of the register Florida Department of S			address as shown o	n the records of the
	200 East Browar	Name d Blvd.,	Suite 290	
	Ft. Lauderdale,	Address FL 3330	1	
	City,	State and 2	Zip	
6. The name and address of	of the new registered a	gent and/or	office:	
	Michael	S. Rile	У	新
4030 N.E. 25thane				OZEER IZ AM 9:49 SECKLIANY CH STAIL SECHLORID
•	Florida street addres	s (P.O. Box	NOT acceptable)	M 9: 49 UFSIME
	Lighthouse Pt.	FL	33064	
	City, S	State and Zi	p	, A
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the operating agreement of the limited states of the limited states of the limited that the limited states of the limited st	the registered agent with the registered agent with the confirmed that the distribution or fithe limited hability confirmed that the limited hability confirmed hability conf	nade, the Floill be identied change(s) as otherwise ompany.	aws of the State of Forida street address of all. Or, in the case was/were authorized provided in the art	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote cicles of organization or
(Printed or typed name of signee)			-	-
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 508, F.S. Or lift address I bereby confirm (Signature of Registered Agent)	ntment as registered of sof all statutes relative discounties relative discounties relative discounties desired in the limited liberties of Corporations, P.	_/	-	

FILING FEE: \$25.00

INHS18(10/99)