

Susan C. Barker 816-460-2608 scb@sonnenschein.com Kansas City, MO 64111 816.460.2400 816.531,7545 fax www.sonnenscheln.com

Chicago Kansas City Los Angeles New York San Francisco St. Louis Washington, D.C. West Palm Beach

March 18, 2002

VIA U.S. MAIL

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent

Dear Sir or Madam:

Enclosed for filing with your offices is: (i) Statement of Change of Registered Office or Registered Agent or Both For Corporations on behalf of Chess Properties, Inc. and our firm 3 check in the amount of \$35.00 for filing fees; and (ii) Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company on behalf of MIH, LLC and our firm's check in the amount of \$25.00 for filing fees.

Please file the enclosed and return a file-stamped copy of the change of registered agent to this office for completion of our files. Should you have any questions regarding this request, please contact the undersigned and thank you for your assistance.

Sincerely,

SONNENSCHEIN NATH & ROSENTHAL

By:

Susan C. Barker Paralegal

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Enclosures

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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.

A CONTRACTOR OF THE STATE AND STATE
The name of the limited liability company is: MIH, LLC
2. The mailing address of the limited liability company is: 813 S. Chestnut Avenue,
Arlington Heights, Illinois 60015
May 7, 2001 M01000001026
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Ronalda Smith
Name 8090 Atlantic Blvd., # B224
Address
JACKSONVILLE, FLORIDA 32211
City, State and Zip
6. The name and address of the new registered agent and/or office:
Dorothy A. Kerekes
Dorothy A. Kerekes Name 165 Arlington Road NOT analytically SET NOT Associately
Florida street address (P.O. Box NOT acceptable) Jacksonville 32211
City, state and 2.p
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Steven L. Rist (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH\$18(10/99)