

FILED
Jan 21, 2004 8:00 am
Secretary of State

DOCUMENT # M03000002906



Mailing Address
10500 WEST 153RD STREET
ORLAND PARK, IL 60462

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0698505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANDREW CORPORATION	
STREET ADDRESS	10500 WEST 153RD STREET	
CITY - ST - ZIP	ORLAND PARK, IL 60462	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		 Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10.		ADDITIONS/CHANGES	
TITLE	Chairman & CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

NAME	Ralph E Fason
STREET ADDRESS	10500 W 153rd Street
CITY-ST-ZIP	Orland Park IL 60462

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert J Paul		
STREET ADDRESS	10500 W 153rd Street		
CITY-ST-ZIP	Overland Park, KS 66112		

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	James LePorte		
STREET ADDRESS	10500 W 153rd Street		
CITY-ST-ZIP	Arland Park, IL 60226-02		

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Marc Olson		
STREET ADDRESS	10500 W 153rd Street		
CITY-ST-ZIP	Orland Park IL 60462		

TITLE	Vice President + Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MJ Certeirnan		
STREET ADDRESS	10500 W 153rd Street		
CITY - ST - ZIP	Orlando Park FL 320402		

TITLE	Vice President & Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	James F. Petelle		
STREET ADDRESS	10500 W 152nd Street		
CITY - ST - ZIP	Orland Park IL 60462		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

V.P. Tarx

1-9-04

Date _____

Daytime Phone #