(Re	equestor's Name)			
(Ac	ldress)			
	I de la			
(AC	ldress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(D.	aines Estitu Nes			
(Bt	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
1 1110 11 11				
Special Instructions to Filing Officer:				

Office Use Only



400274276464

06/25/15--01011--018 **35.00

JUL 0 6 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker christopher.masker@cscglobal.com

Date: June 23, 2015

Order#: 638639-026

Re: CRAIN ASSOCIATED ENTERPRISES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Christopher Masker c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Floria organized under the laws of the State a egistered agent, or both, in the State a	of ILLINOIS
1. The name of	the corporation: CRAIN ASSOCIATE	ED ENTERPRISES, INC.	•
	office address: 150 N MICHIGAN A		
3. The mailing a	address (if different): 1155 GRATIO	T AVE, DETROIT, MI 48207-2913	
4. Date of incorp	poration/qualification: 05/03/1990	Document number: P2919	98
	d street address of the current registertment of State: (If resigned, enter res	red agent and registered office on file signed)	with the
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RD		_
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registered Corporation Service Company	agent (if changed) and /or registered	2015 JUN 25 SECRETARY Office office
	1201 Hays Street		
P O Box NOT acceptable			
	Tallahassee	FL 32301	- 34
The street addre	ess of its registered office and the st be identical.	reet address of the business office of	its registered agent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	n officer so
ignatu	of an officer waterctor	DONA PRIEBE Printed or typed name and	VICE PRESIDENT
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Corpolatio	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a	at and agree to act in this capacity, statutes relative to the proper and co and accept the obligation of my positi reflect a change in the registered of	omplete ion as registered
By:	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SYLVIA QUEPI	PET, ASST. VICE PRESIDENT		
T	yped or Printed Name		

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