| | ACCOUNT NO. | : 07210000003 | 2 | 3 |
|----------------|--|-----------------|---------------------------------------|--|
| | REFERENCE | : 761739 | 4385593 | 影 |
| | AUTHORIZATION | · Tatricio | - Must | 題可 |
| | COST LIMIT | : \$ 35.00 | • • • • • • • • • • • • • • • • • • • | 1385 1385 1385 1385 1385 1385 1385 1385 |
| ORDER DATE : | September 26, 20 | 02 | | F. F. STE |
| ORDER TIME : | 10:37 AM | | | Dr. |
| ORDER NO. : | 761739-160 | • | - | • |
| CUSTOMER NO: | 4385593 | | 500008 | 17895 |
| Ao Ao 20 | . Leonor De La To n Corporation n Center 0 East Randolph D icago, IL 60601 | | | |
| | CHANGE OF A | GENT | | 02 DIVIS |
| NAME: | JOSEPH U. MOO | RE, INC. | | 02 OCT -3 AM II: 50 |
| | THE FOLLOWING AS | PROOF OF FILING | ! : | 8 0 |
| PLEASE RETURN | | | | |

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

| Pursuant to the provisions of sections 607.0502, 617.050 | |
|---|---|
| the undersigned corporation organized under the laws of t | |
| submits the following statement in order to change its reg | isterea office or registerea agent, or both, th |
| the State of Florida. | |
| 1. The name of the corporation: JOSEPH U. MOORE, INC. | TAKE |
| | |
| 2. The mailing address of the corporation: P. O. Box 82 | 64, Chicago, IL 60680 |
| 3. Date of incorporation/qualification: 04/19/1996 | Document number: P9600003744937 |
| 4. The name and address of the current registered agent and | d office: |
| C T Corporation System | |
| 1200 South Pine Island Road | |
| Plantation, FL 33324 | |
| 5. The name and address of the new registered agent (if charge) (P. O. Box Not Acce | |
| Corporation Service Company | <u> </u> |
| 1201 Hays Street | |
| Tallahassee, Florida 32301 | |
| The street address of its registered office and the street adapted, as changed, will be identical. | |
| Such change was authorized by resolution duly adopted by authorized by the board. | by its board of directors or by an officer so |
| (Signature of an officer, chairman or vice chairman of the board) | 09/20/2002 (Date) |
| | |
| Anne Martin, Attorney-in-Fact (Printed or typed name and title) | |
| Having been named as registered agent and to accept secondarion, I hereby accept the appointment as register I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acceptstered agent. | ea agent and agree to act in this capacity. es relative to the proper and complete |
| Jan Macardo | 09/20/2002 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| Louis J. Giaccardo | Asst. Vice President (Capacity) |
| (Typed or Printed Name) | (|

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