

ACCOUNT NO.

072100000032

REFERENCE

457188

4805290

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: July 9, 1997

ORDER TIME :

9:45 AM

ORDER NO. : 457188

CUSTOMER NO: 4805290

CUSTOMER:

Deborah K. Openshaw, Paralegal

Sachnoff & Weaver, Ltd.

Suite 2900

30 South Wacker Drive Chicago, IL 60606

CHANGE OF AGENT

NAME:

AGC TRANSPORTATION SERVICE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED CORY Document Examiner Upda:er eborah Schre Update CONTACT PERSON: Verifyer **Acknowledgement** W.P. Verifyer

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

	ne provisions of sections 607.0502, 617.0502, 607.15 corporation organized under the laws of the State of F		tes, the
submits the fol	llowing statement in order to change its registered off		i, in the
State of Florida 1. The name of	a. AGC TRANSPORTATION SERVICE f the corporation is:	CE, INC.	
2. The mailing	address of the corporation is:		
3. Date of inco	prporation/qualification: 11/15/90 Doc	cument number:	
4. The name ar	nd address of the current registered agent and office:	·	
	DAVID E. CAUTHEN 131 W. MAIN STREET TAVARES, FL 32778	SECKLTARY OF TALLAHASSEE	FILE
5. The name ar	nd address of the new registered agent and office: (P. C	O. Box Not Acceptable	
	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	TATE ORIDA	. 3
	lress of its registered office and the street address of ged, will be identical.		
Such change vauthorized by	was authorized by resolution duly adopted by its bo	ard of directors or by an office	er so
	e of an officer, chairman or vice chairman of the board)	<u> 22798</u>	
		(Date)	_
LEON	MONACNOS VP Finance (Printed or typed name and title)	2-27-98	<u>{</u>
Having been n corporation, I I further agree	named as registered agent and to accept service of p hereby accept the appointment as registered agent to comply with the provisions of all statutes relative of my duites, and I am familiar with and accept the	ana agree to act in this capac ve to the proper and complete	city.
If signing on beh	alf of an entity:	A + < - 1	
	(Typed or Printed Name)	(Capacity)	7
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