## FILED EFFECTIVE

06 DEC 11 PH 1: 20

File Number: <u>W27315</u>

## SECRETARY OF STATE CHANGE OF BUSINESS MAILING ADDRESS (see reverse for instructions)

| The entity identified below submits to the Secretary of State the following statement for the  |
|--|
| purpose of changing its business mailing address.  |
| 1. The name of the business entity is  |
| 2. The business mailing address is currently on file as:   |
| 3. The business mailing address is to be changed to:  3. The business mailing address is to be changed to:  3. The business mailing address is to be changed to: |
| 4. Change of address is effective:   |
| Upon Receipt OR (Date)   |
| Signed:  Printed Name:  Capacity:  Dated:  |

g:\corp\forms\miscforms\change\_address.pmd

FILE ONE COPY

NO FEE REQUIRED