1) Corporate Name MCHENRY COUNTY TOWNSHIP HIGHWAY COM	MISSIONERS ASSOCIATION	·
ROBERT MILLER 3702 N.W. HWY CRYSTA		File Number N 6406-333-2
Secretary Name Address JOHN GOND JR 4010 NIRT. 23 MARK	· · · · · · · · · · · · · · · · · · ·	3a) Date of Inc./Qual. 02-09-2005
Treasurer Name (Address 95 50C)		3b) State of Inc. ILLINOIS
Director Name/Address MICHAEL MURRAY 15813 Nelson Rd - L Drector Name/Address	woodsTeck 60098	Annual Report
Drector Name/Andress	General Not For Profit Corporation Act	
5) Bref Description of the corporation's activities: PRUMS I + 5 CRUE DEST INTRESTS IN TOWNShip GOV	d Highway Com 18,5	Corporation Act
1) Principal Address of the Corporation (Street, City, State, Zip Code) 40/0 Nr. RT. 23 MARCNG0 40151		Year of: 2006
2) Registered Agent % JOHN E ADAMSON JR 02-09-05	Ea) is this Corporation a CONDOMINIU	M ASSOCIATION? YES NO
4010 N RTE 23 MARENGO IL 60152	6b) is this Corporation a COOPERATIV	Æ HOUSING CORP.? 🔲 YES 🖄 NO
MC HENRY COUNTY	5c) is this Corporation a HOMEOWNER	R'S ASSOCIATION? YES X NO
Under the penalty of pejury and as an authorized officer, I declare that this annual repost, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and betef, true, correct and complete.	lu E. Adamicon Js.	Sec/ 7321 Tale 12-20-05 Da



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of MAY A.D. 2018

Authentication #: 1813700755 verifiable until 05/17/2019. Authenticate at: http://www.cyberdriveillinois.com

Desse White

\mathcal{I}	A.C Married days	Y COMMISSIONERS ASSOCIATION OF A LOOLY	Ede Number	6406-333-2	
\cap	Secretary Name Addiess JULN ROHMSON 4010 N.RT23 MARENG	10 /L 60152	3a) Date of Inc /Qua	02-09-20	05
Ø	Treasurer Name/Aggresson 4010 N. 2t. 23 MARENG	DIL 60152	3b) State of Inc	ILLINOIS	
/	Director Name/Address Director Name/Address Director Name/Address Director Name/Address 5) Biret Description of the corporation's actuality PROSINTE, CANCATE TOLLNE JOUNS hip Hig	Annual Report General Not For Profit Corporation Act		r Profit	
	7) Principal Address of the Corporation (Street City, State, Zip Code) 4010 N. RT. 23 MARENGO IL 6015		Year of 2007	1	
	2) Registered Agent % JOHN E ADAMSON JR 02-09-05	6a) is this Corporation a CONDOMIN	IUM ASSOCIATION?	☐ YES	⊠ NO
	4010 N RTE 23 MARENGO IL 60152	6b) is this Corporation a COOPERAT	TVE HOUSING CORP ?	☐ YES	⊠ NO
	MC HENRY COUNTY	6c) is this Corporation a HOMEOWN	ER'S ASSOCIATION?	☐ YES	🖺 NO
	Under the penalty of penjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete	John Advision 5	Bea/Trus	Title 12-	18-06 o.



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day of MAY

A.D.

2018

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	1) Corporate Name MCHENRY COUNTY TOWNSHIP	HIGHWAY COMMI	SSIONERS ASSOCIATION	1		
\mathcal{D}_{α}	4) Pipgidept Name/Addiess NoheRT MILLER 3702 N.W. H			Ede Number	6406-333-2	
<i>[]</i>	Secretary fame/Address JOHN ADAMSON 4010 N. 27.23	MARENCO 1	L 60152	3a) Date of inc /Qual	02-09-200)5
	Treasurer Name/Address SAME AS Sec	c .		3b) State of Inc	ILLINOIS	
P	Director Name/Address Director Name/Address Director Name/Address Director Name/Address 5) Bird Description of the corporation's activities High Land Address High Land Address	MAZSON Rd County IN McHo		Genera	ual Rep I Not For poration /	Profit
	7) Principal Address of the Corporation (Street, City, State, Zin Code)	12 60152	CPR/ COUNT	Year of 2008		
	2) Registered Agent % JOHN E ADAMSON JR 02-09-05		6a) is this Corporation a CONDOMINIUM	ASSOCIATION?	☐ YES	炒 NO
	4010 N RTE 23 MARENGO IL 60152		6b) is this Corporation a COOPERATIVE	HOUSING CORP?	☐ YES	⊠ NO
	MC HENRY COUNTY		6c) Is this Corporation a HOMEOWNER	S ASSOCIATION?	☐ YES	⊠ NO
	Under the penalty of perjury and as an authorized officer, I declare that this are pursuant to the provisions of the General Not For Profit Corporation Act, has bee me and is, to the best of my knowledge and belief, true, correct and con	on examined by	Adamson Se	c/TRes	Title /2-2	6-07 Dat



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SECF

SECRETARY OF STATE

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MCHENRY COUNTY TOWNSHIP H A) President Name/Address MILLER 3702 U.	IGHWAY COMMISSIONERS AS W. Hwy Chystal Lake	Eda Number	6406-333-2	
Secretary Namel Address AJOHN ADAMSON JR	4010 N. RT. 23	3a) Date of Inc /Qual	02-09-200	05
Treasurer Name/Address V MARCNEO IL	0152	3b) State of Inc	ILLINOIS	
Director Name/Addiess	3 AJELSON Rd WoodsTock	Aini	ual Rep	
5) Brief Description of the corporation's activities EducaTE Alghimal Common Of Michigan Common Com	HENRY COUNTY	1	il Not For poration /	–
7) Principal Address of the Corporation (Street, City, State, Zip Code) 40/0 N. P. T. 2.3 MARCN60	14 60152	Year of 2009	· · ·	
2) Registered Agent % JOHN E ADAMSON JR 02-09-05	6a) is this Corporatio	n a CONDOMINIUM ASSOCIATION?	YES	区 NO
4010 N RTE 23 MARENGO IL 60152	6b) is this Corporatio	n a COOPERATIVE HOUSING CORP ?	☐ YES	⊠ NO
MC HENRY COUNTY	6c) is this Corporation	n a HOMEOWNER'S ASSOCIATION?	YES	⊠NO
Under the penalty of perjury and as an authorized officer, I declare that this annua pursuant to the provisions of the General Not For Profit Corporation Act, has been ei me and is, to the best of my knowledge and belief, true, correct and comple	amined by	n Sec / las	Title /2-2	2-08



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1934Kicsigeni NamerAddiess	IP HIGHWAY COMMISSIONERS ASSOCIATION	· , · · · · · · · · · · · · · · · · · ·		
PAR MILLER 3702 NW/	Two CRYSTAL Lake, 14 60014	File Number	N 6406-333-2	
JOHN MARKSON 4010 111. 27.23	MARENED 11 6015m	3a) Date of Inc /Qu	o2-09-20	005
SAME AS ABOVE T		3b) State of Inc	ILLINOIS	
MI Charles MED RAY 13158755 VCTS 35	12 1288 15 tek 16 600 98	ľ	nual Rep	
Director Name/Address		- Gener	al Not Foi	Profit
5) Binef Description of the corporation's activities		Co	rporation .	Act
7) Principal Address of the Corporation (Street, City, State, Zip Code)		Year of 201	0	
2) Registered Agent		 		
% JOHN E ADAMSON JR 02-09-05	5a) is this Corporation a CONDOMINIL	M ASSOCIATION?	L YES	√Z NO
4010 N RTE 23 MARENGO IL 60152	6b) is this Corporation a COOPERATIV		YES	X NO
MC HENRY COUNTY	6c) is this Corporation a HOMEOWNE	R'S ASSOCIATION?	YES	Ø NO
Under the penalty of penjury and as an authorized officer, I declare that this pursuant to the provisions of the General Not For Profit Corporation Act, has been and is to the best of the knowledge and belief this correct and of the profit of the best of the knowledge and belief this correct and of the profit of the best of the knowledge and belief this correct and of the profit of the profi	non assessed by 311 1 1 1 1	Tion	12-6	23-09

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4) President Name/Address 3702 N.W. Hwy CRYSTALLY	16- 600/9 File Number N 6406-333-2
JOHN MARKISON 4010 N RT 23. MARRENGO	60/52 Saj Date of Inc /Qual 02-09-2005
Treasurer Name/Address 7	3b) State of Inc ILLINOIS
Director Name/Address Director Name/Address	d WoodsTock 60098 Annual-Report
Director Name/Address 5) Binef Description of the corporation's activities	General Not For Profit , Corporation Act
7) Principal Address of the Corporation (Street, City, State, Zip Code)	Year of 2011
2) Registered Agent % JOHN E ADAMSON JR 02-09-05	6a) is this Corporation a CONDOMINIUM ASSOCIATION?
4010 N RTE 23 MARENGO IL 60152	6b) is this Corporation a COOPERATIVE HOUSING CORP ? YES NO
MC HENRY COUNTY	6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? YES NO
Under the penalty of penjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete	oly Alenno See THOTHE 1-411 DO



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_	MCHENRY COUNTY TOWNSHIP HIGHWAY COMMIS	SSIONERS ASSOCIATION	V	
\leftarrow	President Name/Address, Roher J. M. LER 3702 N. W. Huy, CRYSTAL LAKE		File Number N 6406-333-2	
9	JULY HUAMSON 4010 N. RT 23 MAREN 16 1L 6015	<i>(</i> •	3a) Date of Inc /Qual 02-09-2005	
	Treasurer Namer Address SAME AS ABOVE T		3b) State of Inc ILLINOIS	
	Director Name/Address Box (2205, 1327, 2014, 36, 1207, 893, 1007) STOC Director Name/Address	K,1L 60098	Annual Report	
	Director Name/Address	General Not For Profit		
	5) Brief Description of the corporation's activities CONTINUINA GOUGHTON FOR HIGHWAY COMMISSION	e/2	Corporation Act	
	7) Principal Address of the Corporation (Street, City, State, Zip Code) 40(0 A), RT, 23 MARCNG6 IL 60/52	J	Year of 2012	
	2) Registered Agent % JOHN E ADAMSON JR ()2-09-05	Sa) is this Corporation a CONDOMINIUS	M ASSOCIATION? TYES	NO
	4010 N RTE 23 MARENGO IL 60152	6b) is this Corporation a COOPERATIVE	EHOUSING CORP? YES X	NO
	MC HENRY COUNTY	6c) is this Corporation a HOMEOWNER	ES ASSOCIATION? YES	NO
	Under the penalty of penury and as an authorized officer. I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.	E. Odanson	g. Sectate 5-2/2-1	9-1/bat
	3		₹	



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1) Corporat	MCHENKICO	UNTY TOWN	SHIP HIGHWAY	Y COMMI	SSIONERS AS	SOCIATIO	V_		
\ R & A	CRT J. MILLER	3702 N.W	1. Huy, CR.	YSTAL.	LAKE IL.	60014	File Number N	6406-333-2	
Secretary N	VamelAddress V 4010.	N.RT 23	MARENJO	14 601	150-	•	3a) Date of Inc (Qua	02-09-20	05
Treasurer	lame/Address 54	ME 16	SOCKETARY				3b) State of the	ILLINOIS	
Director Na	impladdiess Mis R RAS V imelAddress imelAddress scrippon of the corporation's act, wites		Highway			60098	Genera	ual Rep al Not For poration	Profit
7) Principal	Address of the Corporation (Street, Cit	y, State, Zip Code)	Hynwry	COMIM	15500NEA	<u></u>	Year of 2013	}	<u> </u>
	OHN E ADAMSON JR	02-09-05			6a) is this Corporatio	n a CONDOMINIU)	A ASSOCIATION?	☐ YES	⊠ NO
4010 N RTE 23 MARENGO IL 60152				6b) is this Corporation	n a COOPERATIVE	HOUSING CORP.?	YES	区 NO	
МС	HENRY COUNTY		<u> </u>		6c) is this Corporatio	n 2 HOMEOWNER	'S ASSOCIATION?	☐ YES	⊠ NO
oursuant to	e penaity of perjury and as an authorize the provisions of the General Not For Pr and is, to the best of my knowledge and	ofit Corporation Act, ha	as been examined by	6) Signature	i E. ad	2000	le Sufa	1500 /2-	3/-/2-Date
oursuant to	the provisions of the General Not For Pr	ofit Corporation Act, ha	as been examined by	8) Signature	1 €. Ad.	2000	for Sufp	·	



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 1 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR MCHENRY COUNTY TOWNSHIP HIGHWAY COMMISSIONERS ASSOCIATION.*******



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH MAY

day of

A.D.

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1) Corporate Name MCHENRY COUNTY TOWNSHIP HIGHWA	Y COMMISSIONERS ASSOCIATION	V		
A) President Name/Address Rebect JMILLER 3702 N.W. HWY C	RYSTAL LAKE IL 60014	File Number	6406-333-2	
Secretary NamelAddress LIOKNE ADRMSON 4010 N. RT. 33 MARR		3a) Date of Inc /Qual.	02-09-20	05
Sh ME 7		3b) State of Inc	LLINOIS	
Director Name/Address MICHAEL MURREY 158/3 NELSON Rd W Director Name/Address	roodsTock 16 60098	1	ual Rep	
Director Name/Address		1	Not For	
5) Brief Description of the corporation's activities. GOUCATION & DEVELOPMENT of HIGHWAY	COMMISSIONERS:	Corp	oration i	ACI
7) Principal Address of the Corporation (Street, City, State, Zip Code) 40/0 N. LT. 13 MARENEO 1 6015	,	2014		
2) Registered Agent % JOHN E ADAMSON JR ()2-()9-()5	6a) is ti CP0265545		YES	⊠ NO
4010 N RTE 23	6b) is this Corporation ≥ COOPERATIVE	HOUSING CORP?	YES	NO ⊠
MARENGO IL 60152			□ IE3	72 140
MC HENRY COUNTY	6c) is this Corporation a HOMEOWNER	rs association?	☐ YES	⊠ NO
Under the penalty of penjury and as an authorized officer. I declare that this annual report pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete	B) Signature Solamo	sec/pus	Tiue 12 -	23-130
		/		<u> </u>



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1) Corporate Name MCHENRY COUNTY TOWNSHIP HIG 4) President Name/Address		1-1-1			
BOBBILLER 3702 N.W. HW	T CRYSTAL LAKE IL 600	/ 4 Pile Hollider N	6406-333-2		
Secretary Name/Address John Alanson 4010 N 27	23 MARRIER 1660/5~	3a) Date of Inc /Qua	02-09-20	05	
Treasurer Namel Address MURRAY 15843 No 4 Source Director Namel Address 2 2 02 15 15 000001000 CH		3b) State of Inc	ILLINOIS		
Director Name (अप्रकार के किया किया किया किया किया किया किया किया	, , , , , , , , , , , , , , , , , , , ,	A	ual Dan		
Director Name/Address			nual Rep		
Director Name/Address			al Not For		
5) Bret Description of the corporation's activities Highway Commits:	55, ON ERS	Cor	poration /	4CI	
7) Principal Address of the Corporation (Street, City, State, Zip Code)		Year of: 201;	5		
2) Registered Agent % JOHN E ADAMSON JR 02-09-05	6a) is this Corporation a CONDO	MINIUM ASSOCIATION?	☐ YES	⊠ мо	
4010 N RTE 23 MARENGO IL 60152	6b) is this Corporation a COOPE	6b) Is this Corporation a COOPERATIVE HOUSING CORP?			
MC HENRY COUNTY	6c) Is this Corporation a HOMEC	OWNER'S ASSOCIATION?	☐ YES	⊠ NO	
Under the penalty of penjury and as an authorized officer, I declare that this annual re- pursuant to the provisions of the General Not For Profit Corporation Act, has been exam- me and is, to the best of my knowledge and belief, true, correct and complete		Seetting	Title /2-	22-14 ₀	



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					_	
_[1) Corporate Name MCHENRY COUNTY TOWNSH	TIP HIGHWAY COMM	USSIONERS ASSOCIATION	1		
<u> </u>		U. HWY CRYSTAL L	Ake 1L. 60014	File Number N	6406-333-2	
1	JOHN ACAMSON YOLD WRT. 23	MARENGOLL	60152	3a) Date of Inc /Qual	02-09-200)5
L	Treasurer Name/Addréss AMSON 4010 No RT 2	3 MARENES	14.60/52	3b) State of Inc	ILLINOIS	
L	Director Name/Addiess	LESON Rd Woods	stock 11 60098		ual Rep	
L	Director Name/Address Bright Description of the corporation's activities Column Column	Could Coloned to	en Their Duties		poration A	
7	Principal Address of the Corporation (Street, City, State, Zip Code) 40/0 NRT. 23 MARENS	1- 60152	70.130/2	Year of 2016		
2	P) Registered Agent % JOHN E ADAMSON JR 02-09-05		6a) is this Corporation a CONDOMINIUM	ASSOCIATION?	☐ YES	₩ ио
	4010 N RTE 23 MARENGO IL 60152		6b) Is this Corporation a COOPERATIVE	HOUSING CORP?	YES	№ NO
L	MC HENRY COUNTY		6c) is this Corporation a HOMEOWNER:	S ASSOCIATION?	☐ YES	Ø NO
p	Under the penalty of perjury and as an authorized officer, I declare that it unsuant to the provisions of the General Not For Profit Corporation Act, has the and is, to the best of my knowledge and belief, true, correct and	s been examined by	- Cidanan Se	e/Tres	Title /- 3	3-16 Da
		U^{-1}	-	/		



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0 4) President Name/Address 3702 N.W. Huy	IGHWAY COMMISSIONERS ASSOCIATI	File Number N 6406-333-2
D Secretary Namel Address SON 4010 NRT. 22	MAREN90 11 60/52	3a) Date of Inc /Qual 02-09-2005
Treasurer Name/Address	,	3b) State of inc. ILLINOIS
Director Namer Address Director Namer Address Director Namer Address	Na Woodstock IL 60098	Annual Report General Not For Profit
5) Binef Description of the corporation's activities 5 (CATION) OF HIGH NAY COM	m. IN Mc HENRY COUNTY	Corporation Act
7) Principal Address of the Corporation (Street, City, State, Zip Cody) 40 In N. AT 23 MARENE 5	L 60152	Year of 2017
2) Registered Agent	6a) Is this Corporation a CONDOM	NIUM ASSOCIATION? YES NO
% JOHN E ADAMSON JR 02-09-05 4010 N RTE 23	6b) is this Corporation a COOPERA	ATIVE HOUSING CORP.7 YES NO
MARENGO IL 60152 MC HENRY COUNTY	Se) is this Corporation a HOMEOW	NER'S ASSOCIATION? YES NO
Under the penalty of pegury and as an authorized officer, I declare that this ann pursuant to the provisions of the General Not For Profit Corporation Act, has been me and is, to the best of my knowledge and belief, true, correct and corn	examined by Una Librar	Secretary Tibe /2-20-16 Da



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(4) Complete blance						
MCHENRY COUNT	Y TOWNSHI	IP HIGHWAY COI	MMISSIONERS	ASSOCIATIO	NT	
4) President Name/Address	-		i i	ADSOCIATIO	File Number	
Secretary Name/Address	24	I WILLEY KE	- Wonde	Y C.K. 600	N 6406-33	3-2
- dill Condon	37031	. Richwood Y	d. Mchens	v 60051	3a) Date of Inc./Qual. 02-09	-2005
Treasurer Name/Address Mike Lespera	noe 35km	RUD! C	ustal (K	, i	3b) State of Inc.	
Director Namer Address	•	<i>-</i>	/	<u>, 60012</u>	ILLINOI,	3
Director Name/Address	5 10 40	6 Seamon	P. Hetro	n 60034	200 Mb 100 mar 411 a 400 mar	
- Kort Set Linui	le 8515	Alden Pd	HOYDAYL	60033		
Director Name/Addiess	/٨٦ -	firment Ed.	11	(27	CD0700675	
5) Brief Description of the corporation's activities:		ur port pa	Mayvayd	60033	Colporatio	II AGL
7) Principal Address of the Corporation (Street, City, Stat	ucation	1		_	'	
3510 R	ru Rd 5°C	心。据见	D +1 10	2012	Year of: 2018	
2) Registered Agent	54	- CAN COLOR	. 11.60	0016	2018	
% JOHN E ADAMSON JR	02-09-05	20018	6a) is this Corpo	oration a CONDOMINIUN	ASSOCIATION? YE	S NO
4010 N RTE 23		JAN 2 6 2018				
MARENGO IL 60152	i i		6b) is this Corpo	vetion a COOPERATIVE	HOUSING CORP.? YE	S 🖺 NO.
MC HENRY COUNTY		JESSE WHITE	TE college			
	SEC	CRETARY OF SI	2) is this coipe	ration a HOMEOWNER	'S ASSOCIATION? LYE	S 🖾 NO
Under the penalty of perjury and as an authorized office	or I declars that this	B) Signa	ture,	. / -	Treasurer,	
pursuant to the provisions of the General Not For Profit C me and is, to the best of my knowledge and belie	orporation Act, has bi of, true, correct and ci	een examined by omplete	Welail A	- Wasn	MICE 1-	19-10
			, ,	7	O+ - Intel	i i Coal



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FORM NFP 102.10 (rev. Dec. 2003)
ARTICLES OF INCORPORATION
General Not For Profit Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, fl. 62756 Telephone (217) 782-9522 www.cyberdriveillinois.com

Remit payment in the form of a cashler's check, certified check, money order or an tilinois attorney's or CPA's check payable to the Secretary of State.

Filed: 02/09/2005 Jesse White Secretary of State

		File #	64063332		Filing Fee: \$ 50	0.00 Approved:
	—Submit in dupi	icate	Type or Print clearly in bia	ıck ink Do (not write above this	s itno
Article 1.	The name of Associat	=	is: McHenry Cou	nty Township H	ighway Com	missioners.
Article 2:	The name a	and address of the	initial registered a	gent and registered	office are:	
Regi	istered Agent	John .	E.	Adamson	Jr.	CP0210436
•	istered Office.	First Name 4010 N. Rt.	. 23 Middle N	ame	Last Name	
	Marens	Number	Street	(Suite # 01:52) (A P.O. Box aton McHenry	e is not acceptable)
Article 3: Directors	being as fol	eard of Directors s llows: Street Address	(Not less th	an three)	State	and addresses ZIP Code
Director			N.W. Hear Cr	vstal Lake Il		21 0000
				=		
	Michae	el Murray 158	ora Nerson Rd.	Woodstock, 11	60098	
				Woodstock, II. 3 Marengo, II.		
Article 4.	John A	Adamson Jr. 4		3 Marengo, Il.		

(over)

advise them as to their duties and responsibilities.

C-157.14

Article 4.	(continued)				
	Is this corporation a Condominium Associatio Yes No (Che	n as e: eck one		ondominium P	roperty Act?
	Is this corporation a Cooperative Housing Cor Code of 1954?			216 of the Int	emal Rever
	Is this corporation a Homeowner's Associated defined in subsection (c) of Section 9-102 of			mon-interest	community No
Article 5.	Other provisions (please use separate page i	f additi	onal space is needed):		
			,	٠	
The	NAMES & ADDRESSES (undersigned incorporator(s) hereby declare(s), using Articles of Incorporation are true.			t the statemen	ts made in
The i	undersigned incorporator(s) hereby declare(s), o				ts made in
The interpretation The interpret	undersigned incorporator(s) hereby declare(s), ing Articles of Incorporation are true. (Month & Day) (Yes		enaities of perjury, that		ts made in
The interpretation of the foregon of	undersigned incorporator(s) hereby declare(s), inc. Articles of incorporation are true. (Month & Day) (Yes		POST OFFICE 3702 N.W. Hwy.	E ADDRESS	its made in
The ine forego Dafed	undersigned incorporator(s) hereby declare(s), inc. Articles of Incorporation are true. (Month & Day) (Yes Signature Cobert Miller Name (please print)	under (Sar)	POST OFFIC 3702 N.W. Hwy. Street Crystal Lake 1 City/Town	E ADDRESS	ts made in
The ine forego Dafed	undersigned incorporator(s) hereby declare(s), ing Articles of Incorporation are true. (Month & Day) (Yes Signature Cobert Miller Name (please print)		POST OFFICE 3702 N.W. Hwy. Street Crystal Lake 1 CityTown	E ADDRESS 11. 60014 State	
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The ine forego Dated	undersigned incorporator(s) hereby declare(s), ing Articles of Incorporation are true. (Month & Day) (Yes Signature tobert Miller Name (please print) Signature Michael Murray Name (please print)	under (Sar)	POST OFFICE 3702 N.W. Hwy. Street Crystal Lake 1 City/Town 15813 Nelson Rd Street Woodstock, II. City/Town 4010 N. Rt. 23 Street	E ADDRESS 11. 60014 State 1. 60098 State	ZIP
The ine forego Dated	Indersigned incorporator(s) hereby declare(s), ing Articles of Incorporation are true. (Month & Day) (Month & Day) (Yes Signature Cobert Miller Name (please print) Signature Michael Murray Name (please print) Signature Michael Murray Name (please print) Signature Offin Adamson Jr. Name (please print)	1.	POST OFFICE 3702 N.W. Hwy. Street Crystal Lake 1 City/Town 15813 Nelson Rd Street Woodstock, II. City/Town 4010 N. Rt. 23 Street	E ADDRESS 11. 60014 State 1. 60098	ZIP
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The ine forego pated	undersigned incorporator(s) hereby declare(s), ing Articles of Incorporation are true. (Month & Day) SIGNATURES AND NAMES Signature cobert Miller Name (please print) Signature Michael Murray Name (please print) Signature Oin Adamson Jr. Name (please print) Signature Signature Oin Adamson Jr. Name (please print)	1. 2. 3.	POST OFFICE 3702 N.W. Hwy. Street Crystal Lake 1 City/Town 15813 Nelson Rd Street Woodstock, II. City/Town 4010 N. Rt. 23 Street Marengo, II. 6 City/Town	E ADDRESS 11. 60014 State 1. 60098 State	ZIP
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signatures may only be used on the duplicate copy.)

If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's

The registered agent cannot be the corporation itself.
The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
The registered office may be, but need not be, the same as its principal office.
A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must

insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 2 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR MCHENRY COUNTY TOWNSHIP HIGHWAY COMMISSIONERS ASSOCIATION.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of MAY A.D. 2018.

Authentication #: 1813700735 verifiable until 05/17/2019.
Authenticate at: http://www.cyberdriveillinois.com

Desse White

FORM NFP 105.10/105.20 (rev. Dec. 2003) STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-7808
www.cyberdriveillinois.com

Remit payment in the form of a

FILED

PAID

JAN 26 2018

JAN 26 2018

JESSE WHITE SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES

	Secretary of State.	File #	64063332	Filing Fee: \$5 Approved:
				- Do not write above this line
1.	Corporate Name:	Mchenry County Towns	ship Highway Commissioners Asso	oclation
2.	State or Country of	of Incorporation: Illinois		C00708058
3.	Secretary of State	(before change):	and Registered Office as they ap	pear on the records of the Office of th
	Registered Agent:	John	E	Adamson Jr
	•	First Name	Middle Name	Last Name
	Registered Office:	4010	N RTE 23	
	•	Number	Street	Suite # (P.O. Box alone is unacceptable)
	•	Marengo	60152	Mchenry
	·	City	ZIP Code	County
4.	Name and Address	s of Registered Agent an	d Registered Office shall be (after	all changes herein reported):
	Registered Agent:	Michael	Allen	Lesperance
	•	First Name	Middle Name	Last Name
	Registered Office:	3518	Bay Road	
	•	Number	Street	Suite # (P.O. Box alone is unacceptable)
		Crystal Lake	60012	Mchenry
	·	City	ZIP Code	County O56
5.	The address of the identical.	registered office and the	address of the business office of t	the registered agent, as changed, will be
	a. 🗹 Resolution of	was authorized by: ("X" duly adopted by the boar eregistered agent. (See	rd of directors, (See Note 4 on rev	/erse.)

SEE REVERSE FOR SIGNATURE(S).

Dated _	January, 19	, 2018	Mchenry County Township Highway Commisioners Association
	Month & Day	Year	Exact Name of Corporation
	Tanna V. Com		
	Any Authorized Officer's Signate	ure	
J	ames Condon , Secretary		
-	Name and Title (type or print)	<u> </u>	
If chang	e of registered office by registe	ered agent, si	gn here. (See Note 5 below.)
			ign here. (See Note 5 below.) t the facts stated pergin are true and correct.
The und	ersigned, under penalties of perju	ry, affirms that	
The und	ersigned, under penalties of perju January , 19	ry, affirms that	t the facts stated herein are true and correct. Muchael H. Luqueu

NOTES

Name and Title of officer who is signing on its behalf.

- 1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or road address (P.O. Box alone is unacceptable).

7. If authorized by the board of directors, sign here. (See Note 4 below.)

- 3. A corporation cannot act as its own registered agent.
- 4. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
- 5. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of MAY A.D. 2018

Authentication #: 1813700745 verifiable until 05/17/2019. Authenticate at: http://www.cyberdriveillinois.com

Desse White