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File # N 5271 - 058-8

Form **BCA-5.10** NFP-105.10

(Rev. April 1995)

George H. Ryan Secretary of State Department of Busines: Services Springfield, IL 62756 Telephone (217) 782-3647 http://www.sos.state.il.us

STATEMENT OF **CHANGE** OF REGISTERED AGENT **AND/OR REGISTERED OFFICE**



COOK COUNTY RECORDER **#UGENE "GENE" MOORE**

SKOKIE OFFICE

APR 10 2000

JESSE WHITE SECRETARY OF STATE SUBMIT IN DUPLICATE

This space for use by Date APR 10 2000 State

Filing Fee

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Approved:

Remit payment in check or money order, payable to "Secretary of State."

Type or print in black ink only.

	Se	e reverse side	for signature (s)			
1,	CORPORATE NAME: Lakeview	. Terrace	Condoni	On Angel	- 1194 1021	
١,	CORPORATE NAME:			110 M 1 3533C	विस्ति	
2.	STATE OR COUNTRY OF INCORPO	RATION:	Illinous		<u> </u>	
3.	Name and address of the registered a of the Secretary of State (before change)	gent and regis	stered office a	s they appear on	the records of the	e office
	Registered Agent Rober+	·	В		Lain	
	First Name		Middle Name		Last Name	
	Registered Office 325 W.	Huran	415			
	Number	Street Suite No. (A P.O. Box alone			is not acceptable)	
	Chicago		GOG 10-		Cook	
,	City		Z⊮ Code	-	County	
4.	Name and address of the registered ag	ent and regis	tered office sh	all be <i>(after all ch</i>	anges herein rep	oorted):
	Registered Agent <u>Gry</u>	-1 •	<u> W</u>		Kass	1
	First Name	_	Middle Name		Last Name	
	<u> </u>	U. Racin		3400 ·		V
	Number	_, Street	_ ,	(A P.O. Box alone	is not acceptable)	1
	Chica	<u> </u>	60614		_ Cook	V
	City		ZIP Code	F ¹ (- ¹	County	211
			•		214	_ 014

UNOFFICIAL COPY Page 2 of 2

will be identical. 6. The above change was authorized by: ("X" one box only) a. By resolution duly adopted by the board of directors: (Note 5) b. By action of the registered agent. (Note 6) NOTE: When the registered agent changes, the signatures of both president and secretary are required. 7. (If authorized by the board of directors, sign here. See Note 5) The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. Dated 31700 19, Lakenew Texace Condemnan Assace (Signature of Secretary or Assistant Secretary) Way Hotson (Signature of Pregion or Vice President) Lovis Krast (Type or Print Name and Title) (If change of registered office by registered agent, sign here. See Note 6) The undersigned, under penalties of perjury, affirms that the facts stated herein are true. Dated 19, (Signature of Registered Agent of Record) NOTES 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.		
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The undersigned, under penalties of perjury, affirms that the facts stated herein are true. Dated		(Type or Print Name and Title) (Type or Print Name and Title)
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