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2000-11-02 15:52:38

Cook County Recorder

File #N 5026-164-6

BCA-5.10 NFP-105.10

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647 http://www.sos.state.il.us

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



OCT 1'7 2000

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

OCT 17 2000

Filing Fee

S 5

Approved:

78

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

Suite No. (A P.O. Box alone is not acceptable)

Cook

County

Type or print in black ink only See reverse side for signature(s).

	•				
1.	CORPORATE NAME:	Emergency F	und for Ne	edy People	750
2.	STATE OR COUNTRY O		_	Illinois	
3.	Name and address of the of the Secretary of State (registered age before change	nt and regist	tered office as th	ney appear on the records of the office
	Registered Agent	Valerie First Name 203 N Waha		M. <i>Middle Name</i> Suite 1800	Thompson Last Name
	Registered Office	Number Chicago, IL	Street	Suite No. (A	P.O. Box alone is not acceptable) Cook
		City		ZIP Code	County
4.	Name and address of the	registered age	ent and regist	tered office shall	l be (after all changes herein reported,
ч.	Registered Agent	Valerie First Name		M. Middle Name	Thompson Last Name
	Registered Office	954 W. Wash	nington Bly	/d., Box 14	A P O Box alone is not acceptable)

Street

60607

ZIP Code

Number

City

Chicago, IL

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ne address of the registered office ill be identical.	e and the address of the busine	ss office of the registered agent, as changed,	
ne above change was authorize	d by: ("X" one box only)	(Note 5) (Note 6)	
When the registered agent characteristics of direction and endersigned corporation has diffirms, under penalties of perjurity.	sist. orginnere. See Note 5)	president and secretary are required. Igned by its duly authorized officers, each of are true.	
(Month & Day) by (Signature of Secretary or Assis	(Year) by	(Exact Name of Corporation) ature of President or Vice President)	
(Type or Print Name and ge of registered office by registe undersigned, under penalties of October 3 (Month & Day)	ered agent, sign here. See Note of perjury, affirms that the facts	(Type or Print Name and Title) e 6) s stated herein are true. Mul ham name ature of Registered Agent of Record)	
	NOTES	75	
and the contraction of the contr		oal office of the corporation. However, ust be the same.	The second secon
registered office must include a s	street or road address; a post o registered agent.	office box number alone is not accept	
Such	certified copies may be obtain	he corporation must file with the record ation and a certified copy of the statement ed ONLY from the Secretary of State.	
be signed by the president <i>(or v</i>	be by resolution adopted by the ice-president) and by the secr	e board of directors. This statement must	
MAIOREIGN SCIEUL WOAL SAVAT = 17	L	of the corporation for which he or she is ement must be signed by the registered	