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Cook County Recorder

23.50

File # 6087-444-1

0010619257

Form 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

Registered Agent,

Registered Office

First Name

Number

City

ORLAND PARK

10729 W. 159th ST.

Street



MAR 29 2001

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

MAR 2 , 2001

Filing Fee

\$5

Approved:

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

BAILEY

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

Last Name

COOK

County

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

CORPORATE NAME: —	UNIVERSAL UTILI	IY SUPPLY, CO.				
STATE OR COUNTRY OF INCORPORATION:						
Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):						
Registered Agent -	DONALD	Р.	BAILEY			
	First Name	Middle Name	Last Name			
Registered Office -	14300 S. RAVINIA	100				
	Number Street	Suite No. (A P.O. Box alone is not acceptable)				
	ORLAND PARK	60462	COOK			
	STATE OR COUNTRY Of Name and address of the of the Secretary of State (Registered Agent	STATE OR COUNTRY OF INCORPORATION: — Name and address of the registered agent and reg of the Secretary of State (before change): Registered Agent DONALD First Name Registered Office 14300 S. RAVINIA	STATE OR COUNTRY OF INCORPORATION:			

Ρ.

Middle Name

60467

ZIP Code

- 57 - 77 - 77 - 714 - 414

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5.	The address of to will be identical.	of the registered office and the address of the business office of the registered agent, as changed, eal.				
6.	The above char	ge was authorized by:	("X" one box o	nly)		
		of the registered age		(Note 6)		
				, · · · · · · · · · · · · · · · · · · ·		
NO	TE: When the re	 gistered agent change	s, the signature	s of both president and secretary are required.		
7.	(If authorized b	y 'n∈ board of director	s, sian here. Se	e Note 5)		
who	The undersigned	d co.poration has caus penalties of perjury, th	ed this stateme	nt to be signed by its duly authorized officers, each of		
		pendanes of penjury, in	iai irie iacis siai	ed herein are tide.		
Dat		O ₂ c	,			
atto	<i>(Mont</i> sted by	h & Day)	(Year)	(Exact Name of Corporation)		
aue		of Secretary or Assistar.	by _ Secretary)	(Signature of President or Vice President)		
			04	(orginalare of Freedoctin of Vice Freedoctin)		
	(Ту	pe or Print Name and Tit	le)	(Type or Print Name and Title)		
(If c	hange of register	 ed office by registered	agent sign for	a Saa Nata 6)		
	The undersigned	d, under penalties of p	erjury, affirms (t	at the facts stated herein are true.		
			\			
Dat		arch 14; & Day)	, <u>2001</u> (Year)	hua		
	(IVIOIIII)	α Day)	(Year)	(Signature of Registered Agent of Record)		
	NOTES					
1.	The registered o registered office	ffice may, but need not be the same as the principal office of the corporation. However, the and the office address of the registered agent must be the same.				
2.	The registered o	fice must include a street or road address; a post office box number alone is not acceptable.				
3.	A corporation ca	nnot act as its own registered agent.				
4.	of deeds of the ne	office is changed from one county to another, then the corporation must file with the recorder ew county a certified copy of the articles of incorporation and a certified copy of the statement istered office. Such certified copies may be obtained ONLY from the Secretary of State.				
5.	Any change of re then be signed b	gistered agent must be by resolution adopted by the board of directors. This statement must y the president (or vice-president) and by the secretary (or an assistant secretary).				
Ŝ.	The registered a registered agent agent.	gent may report a change of the <i>registered office</i> of the corporation for which he or she is. When the agent reports such a change, this statement must be signed by the registered				
		1				