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Cook County Recorder



File 15674-607-2

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**

(A) 1 - 6 2000

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

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Approved:

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

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

1. CORPORATE NAME: RESTMAN THE 2. STATE OR COUNTRY OF INCORPORATION: TLLINGIS 3. 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 First Name Middle Name Last Name Registered Office Y904 North Fant Project Number Street Suite No. (A P.O. Box alone is not acceptable) North First Name Middle Name County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported first Name Middle Name Last Name Registered Agent Suite No. (A P.O. Box alone is not acceptable) First Name Middle Name Last Name Registered Office ASG North Hausten Number Street Suite No. (A P.O. Box alone is not acceptable) City ZIP Code County			0							
3. 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 Registered Office Registered Office Registered Office Nomber Street City ZIP Code Registered Agent Registered Agent Registered Agent Registered Agent First Name Middle Name Last Name County A. Name and address of the registered agent and registered office shall be (after all changes herein reported for the county) Registered Agent Registered Office Registered Office Also Number Street Suite No. (A P.O. Box alone is not acceptable) CHYCLES THE Suite No. (A P.O. Box alone is not acceptable) CHYCLES THE Suite No. (A P.O. Box alone is not acceptable)	1.	CORPORATE NAME: —	RESTM	IAN	7,	۷ د_	- 4			
of the Secretary of State (before change): Registered Agent Registered Office Registered Agent Registered Agent Registered Agent Registered Agent Registered Office Registered Offic	2.	STATE OR COUNTRY O	F INCORPOR	RATION:	<u></u>	اليت	NOIS O	<u></u>		
Registered Office First Name Middle Name Last Name	3.	Name and address of the of the Secretary of State (registered ag before chang	ent and r	egistere	d office	as they appe	ear on the records of the office		
Registered Office HOUT North Frank Print		Registered Agent	SAUVA	702F				RANDAZZO		
Number Street Suite No. (A P.O. Box alone is not acceptable) Novernore IL 6066 Cook City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported Registered Agent First Name Middle Name Last Name Registered Office AIS6 North Hausten Number Street Suite No. (A P.O. Box alone is not acceptable) CHICAGO IL 60614 COOK					Mic	idle Nan	ne	Last Name		
Number Street Suite No. (A P.O. Box alone is not acceptable) November IL 60656 City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported First Name Middle Name Last Name Registered Office Alst November Street Suite No. (A P.O. Box alone is not acceptable) CHICAGO IL 60614 COCK		Registered Office	4904	NCRTH	FRI	ANK	PENY			
City ZIP Code County 4. Name and address of the registered agent and registered office shall be (after all changes herein reported Registered Agent First Name Middle Name Last Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) CHECKED TO STREET CONT.		•						alone is not acceptable)		
A. Name and address of the registered agent and registered office shall be (after all changes herein reported Registered Agent John M. H. Nauchton First Name Middle Name Last Name Registered Office AIS North Halsten Number Street Suite No. (A P.O. Box alone is not acceptable) CHECAGO II (60614 COOK		-		<u>+</u>	_					
Registered Agent First Name Middle Name Last Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) CHECAGO II 60614 COCK	_	\	City		Z	IP Code		County		
First Name Middle Name Last Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) CHECAGO IL (60614 COCK	4.	Name and address of the registered agent and registered office shall be (after all changes herein reported								
Registered Office Also North Halsten		Registered Agent .	JOHN			W		Mc NAUGHTON		
Number Street Suite No. (A P.O. Box alone is not acceptable) CHICAGO IC (60614 COCK			First Name		Mia	ldle Nam	ne			
Number Street Suite No. (A P.O. Box alone is not acceptable) CHICAGO IC (60614 COCK		Registered Office	2156	NORT	H ρ	ALSTE	<i>0 5</i>			
		•	Number	Stre	reet Suite No. (A P.O. Box a			alone is not acceptable)		
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নিয়ে সামিত ভাষতে প্ৰতি আৰু আৰু আৰু আৰু জুলুৱাৰ জনজন্ম কোনাৰ প্ৰৱাহন তাই আই আই আৰু জনজন্ম প্ৰতি আৰু কৰা আৰু স নিয়ন কিছু জন্মেন ইন্সিটিট সভানাইসতি আন্ধান্তৰ সংখ্যাত জুলোই মতু কৰে চন্ত্ৰসভাৱেশ কোনা আন্ধান্তৰ সময় সময় সময

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5.	The address of the registered office and the address of the bu will be identical.	siness office of the registered agent, as changed,					
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)					
NO	OTE: When the registered agent changes, the signatures of b	noth president and socratory are required					
7.	(If authorized by the board of directors, sign here. See Note	e 5)					
wh	The undersigned corporation has caused this statement to be nom affirms, under penaltics of perjury, that the facts stated he	e signed by its duly authorized officers, each of					
Da	ated October 28 99	RESTMAN INC					
	(Month & Day) (Year)	(Exact Name of Corporation)					
att	tested by by S	Out P.O.					
		(Signature of President of Vice President)					
		ALVERDE RANDAZO					
	(Type or Print Name and Title)	(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							
Da	· · _ · · · · · · · · · · · · · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · · _ · · · · · · · · · · · · · · · · · · · ·	/S-A					
	NOTES	(Signature of Registered Agent of Record)					
1,	The registered office may but good not be the same as the						
12	The registered office may, but need not be the same as the pregistered office and the office address of the registered age	ent must be the same					
2.	The registered office must include a street or road address; a post office box number along is not acceptable.						
3.	A corporation cannot act as its own registered agent.						
4.	If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.						
5.	Any change of registered agent must be by resolution adopted then be signed by the president (or vice-president) and by the	by the board of directors. This statement must e secretary (or an assistant secretary).					

The registered agent may report a change of the *registered office* of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered

agent.

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