## **UNOFFICIAL CO**

2002-02-13 12:14:02

Cook County Recorder

File # D 5714-102-6

#### Form **BCA-5.10** NFP-105.10

(Rev. Jan. 1999)

Jesse White Secretary c. State Department of Eucliness Services Springfield, IL 52756 Telephone (217) 782-3647 http://www.sos.state.il.us

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

Jesse White Secretary of State

FILED: 12/13/2001

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date FILED: 12/13/2001

LT

Filing Fee

\$5

Approved:

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

Type or print in plack ink only. See reverse side to

CP0622964

- CORPORATE NAME: Prairie View Care Center of Charleston
- STATE OR COUNTRY OF INCORPORATION: Illinois
- 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 Albert First Name

Middle Name

ilstein ast Name

Registered Office 35 W. Wacker Drive, 42nd Floor

Number

Street

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

Chicago City

60601 -1614 ZIP Code

Cook County

Name and address of the registered agent and registered office shall be (after all changes herein reported)

Registered Agent Judith

Sherwin

First Name

Middle Name

Last Name

Registered Office 401 N. Michigan Avenue,

Suite 1900

60611

Number

Street

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

Cook

Chicago City

ZIP Code

County

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5.	The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
6.	The above change was authorized by: ("X" one box only)
	a. If By resolution duly adopted by the board of directors. (Note 5)
	b. By action of the registered agent. (Note 6)
NOTE: Wher this registered agent changes, the signatures of both president and secretary are required.	
7. who	(If authorized by the board of directors, sign here. See Note 5)  The undersign of corporation has caused this statement to be signed by its duly authorized officers, each of om affirms, under panalties of perjury; that the facts stated herein are true.
	O 4
Dat	(Month & Est) (Year) (Exact Name of Corporation)
atte	sted by Signature of Secretary of Assistant Secretary) (Signature of President or Vice President)
	Judith S. Sherwin, Asst. Scretary Howard D. Geller, President
	(Type or Print Name and Title) (Type or Print Name and Title)
	(in hora Con Mato C)
(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.	
	the undersigned, dider penalties of porjuly; Amilia and the rest of the second of the
Dated	
	(Month & Day) (Year) (Signature of Registered Agent of Record)
	$^{2}O_{\times}$
	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.
·2.	The registered office must include a street or road address; a post office box number alone 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 also 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 by the board of directors. This statement must then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).
6.	The registered agent may report a change of the registered office of the corporation for which he or she's registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

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