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File# (0257-1195

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



Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 07/15/2003 01:24 PM Pg: 1 of 2

MAY 0 6 2003

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date 5-6-03

Filing Fee

\$5

Approved:

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

Type or print in black ink olive. See reverse side for signature.

1.	CORPORATE NAME:	CORPORATE NAME: 1500 South Halsted Street Condominium Association						
2.	STATE OR COUNTRY OF INCORPORATION:			Illinois	75			
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	Jeffrey		M.		Galkin		
	Registered Office	First Name	. LaSalle	<i>Middle Name</i> Street	Suite 2200	Last Name	<u></u>	
	g		Street Suite No. (A P.O. Box alone is no.		not accentable)			
		Chicago		60602		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	Robert First Name		Bruce		Levin	TYSY	
		First Name		Middle Name		Last Name	<u>`</u> D	
	Registered Office 325 West			t Huron Street, Suite 415			A STAN	
		Number Street		Suite No. (A P.O. Box alone is		not acceptable)	'55-	
	· .	Chicago		60610		Cook	XILY	
		City		ZIP Code		County	93	
		V						

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5.		e address of the registered office and the addres I be identical.	ss of the business 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	of directors. (Note 5)					
	b.	☐ By action of the registered agent.	(Note 6)					
NOT	·c.	When the registered agent changes, the sign	saturas of both procident and conratary are required					
			eatures of both president and secretary are required.					
7.	•	authorized by the board of directors, sign here	·					
who		ffirms, under penalties of perjury, that the fact	tement to be signed by its duly authorized officers, each of s stated herein are true.					
Date	ed	, 2003	1500 SOUTH HALSTED STREET CONDOMINIUM ASSOCIATION					
_#		(Month & Day) (Year)	(Exact/Name of Corporation)					
attes	stea	(Signature of Secretary or Assistant Secretary)	(Signature of President or Vice President)					
		Vincent Forgione, Secretary	Pete Robinson, Vice President					
		(Type or Print Name and Title)	(Type or Print Name and Title)					
(If cl		ge of registered office by registered agent, sign e undersigned, under penalties of perjury, affir						
Date	d		40*					
		(Month & Day) (Year)	Signature of Registered Agent of Record)					
			C					

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 arche 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 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 is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.