

UNOFFICIAL COPY

FORM **BCA 5.10/5.20** (rev. Dec. 2003)

**STATEMENT OF CHANGE OF
REGISTERED AGENT AND/OR
REGISTERED OFFICE**
Business Corporation Act



Doc#: 0407203029
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 03/12/2004 09:33 AM Pg: 1 of 2

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-3647
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to the Secretary of State.

FILED
MAR 01 2004
JESSE WHITE
SECRETARY OF STATE

File # 60970181 Filing Fee: \$25.00 Approved: SB

Submit in duplicate Type or Print clearly in black ink Do not write above this line

- CORPORATE NAME: CHM THERAPY, INC.
- 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 JUDITH S. SHERWIN

First Name	Middle Name	Last Name
JUDITH S.	SHERWIN	

Registered Office 401 N. MICHIGAN AVE., SUITE 1900

Number	Street	Suite No. (A P.O. Box alone is not acceptable)	City	ZIP Code	County
401	N. MICHIGAN AVE.	SUITE 1900	CHICAGO	60611	COOK

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

Registered Agent JUDITH S. SHERWIN

First Name	Middle Name	Last Name
JUDITH S.	SHERWIN	

Registered Office 444 N. MICHIGAN AVE., SUITE 2500

Number	Street	Suite No. (A P.O. Box alone is not acceptable)	City	ZIP Code	County
444	N. MICHIGAN AVE.	SUITE 2500	CHICAGO	60611	COOK

- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

- The above change was authorized by: ("X" one box only)

- By resolution duly adopted by the board of directors. (Note 5)
- By action of the registered agent. (Note 6)

SEE REVERSE SIDE FOR SIGNATURE(S).

