

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#: **0407203037**
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

FILED
MAR 01 2004
JESSE WHITE
SECRETARY OF STATE

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

File # 57141034 Filing Fee: \$25.00 Approved: SB
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: PRAIRIE VIEW CARE CENTER OF LEWISTOWN, INC.

2. STATE OR COUNTRY OF INCORPORATION: ILLINOIS

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 JUDITH S. SHERWIN
First Name Middle Name Last Name
Registered Office 401 N. MICHIGAN AVE., SUITE 1900
Number Street Suite No. (A P.O. Box alone is not acceptable)
CHICAGO 60611 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 JUDITH S. SHERWIN
First Name Middle Name Last Name
Registered Office 444 N. MICHIGAN AVE., SUITE 2500
Number Street Suite No. (A P.O. Box alone is not acceptable)
CHICAGO 60611 COOK
City ZIP Code County

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

SEE REVERSE SIDE FOR SIGNATURE(S).

