## **UNOFFICIAL COPY**

FORM **BCA 5.10/5.20** (rev. Dec. 2003) STATEMENT OF CHANGE OF **REGISTERED AGENT AND/OR** REGISTERED OFFICE **Business Corporation Act** 

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



Doc#: 0407203039 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 03/12/2004 09:33 AM Pg: 1 of 2

FILES

	eck or money order payable the Secretary of State.		SECRETAIN						
		File#_54	765093	Filing Fee: \$25.00	Approved:	61			
	Submit in duplicate	Type or Print cl	early in black ink-	—Do not write above this line—		Ø1			
1.	CORPORATE NAME: GLEN	WOOD HEALTH	ICARE & REHAB, II	NC.					
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 JUE		N						
	Registered Office 401			Last N					
		umber Street CAGO	Suite No. (A F	O. Box alone is not acce	<i>ptable)</i> COOK	<u></u>			
		City	ZI// Code	Coun					
ł.	Name and address of the regis	d address of the registered agent and registered office shall be (after all changes herein reported):							
	Registered Agent JUD	<u>ITH S. SHERWII</u>	V	)		X			
	Firs Registered Office 444	t Name N. MICHIGAN A	Middle Name VE., SUITE 2500	Last Na	me	— X			
		umber Street CAGO	Suite No. (A P. 60611	O. Bcx alone is not accep	otable) OOK	$\frac{1}{\sqrt{1}}$			

The address of the registered office and the address of the business office of the registered a point, as changed, will be identical.

ZIP Code

- The above change was authorized by: ("X" one box only)
  - a. 
     By resolution duly adopted by the board of directors.

City

(Note 5)

County

(Note 6)

SEE REVERSE SIDE FOR SIGNATURES(S).

0407203039 Page: 2 of 2

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7. (If authorized by the board of directors, sign here. See Note 5)

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true.

Dated		•				
	(Month & Day)	(Year)	(Exact Name of Corporation)			
	(Any Authorized Officer's Signature)					
(Type or Print Name and Title)						
(If change The u	of registered office by registering indersigned, under penalties	ered agent, sig of perjury, affi	on here. See Note 6) rms that the facts stated herein are true.			
Dated			114119 Ju			
	(Mcriff & Dày)	(Year)	(Signature of Registered Agent of Record)			
			JUDITH S. SHERWIN			
	Ox		(Type or print name. If the registered agent is a corporation, type or print the name and title of the officer who is clarific and the			

## NOTES

behalf.)

- 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 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 a duly authorized officer.
- 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. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

## **RETURN TO:**

Naz J. Inlander, Legal Assistant Shefsky & Froelich Ltd. 444 N. Michigan Ave. Chicago, Illinois 60611