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

FILED

SEP 2 9 2004

SECRETARY OF STATE

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



Doc#: 0430745011

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 11/02/2004 08:27 AM Pg: 1 of 2

io in	e Secretary of State.						Α.
		File #	D 596	6–1353	Filing Fee: \$25.00	Approved:	队
	Submit in amplicate -	Тур	e or Print clea	rly in black ink————	Do not write above this line		
1.	CORPORATE NAME:	OSMOPOLITA	N HEALTI	H CARE SERVICES	, s.c.		_
2.	STATE OR COUNTRY OF	INCORPOR	ATION: _	ILLINOIS			
3.	Name and address of the of the Secretary of State (gistered office as t	hey appear on the rec	ords of the o	office
	Registered Agent _	JERZY	0/		JAKI		
	Registered Office _	First Name 3336 N.	HARLEM A	Middle Name	Las	t Name	
	riogistered emos_	Number CHICAGO	Street	Suite No. (A 60634	P.O. Box alone is not a	cceptable)	
	_	City		ZIF Code	C	ounty	
4.	Name and address of the registered agent and registered office shall be (after all changes herein reported):						
	Registered Agent _	JERZY			JAKI	MIEC	
	Registered Office	First Name 3328 N.	HARLEM A	Middle Name	Las	t Name	
	, togictore emerge	Number CHICAGO	Street	Suite No. (A 60634_	A P.O. 3ox alone is not a	cceptable)	NQ
	_	City	67	ZIP Code	155.	County	í
5.	The address of the register will be identical.	ed office and	the addres	ss of the business o	ffice of the registered a	gent, as cha	nged,
6.	The above change was at a. D By resolution duly				(Note 5)		

SEE REVERSE SIDE FOR SIGNATURES(S).

(Note 6)

By action of the registered agent.

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

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.

•	CONTRACTOR 23DD	2004	COSMOPOLITAN HEALTH CARE SERVICES, S.C.
Dated $_{-}$	SEPTEMBER 23RD	, <u>2004</u> (Year)	(Exact Name of Corporation)
	(Month & Day)// // / /	(1641)	,
-	Any Authorized Officers Si	gnature)	
_	JERZY JAKIMIEC, PRESIDENT		
	(Type or Print Name and	Title)	
	/		- · · · · •
(If char Th	nge of registered office by registered he undersigned, under penalties of p	<i>d agent, si</i> perjury, aff	gn here. See Note 6) irms that the facts stated herein are true.
Dated			
Daleu.	(Month & Day)	(Year)	(Signature of Registered Agent of Record)
	70 ₀ 0		
	20	×	(Type or print name. If the registered agent is a corporation, type or print the name and title of the officer who is signing on its behalf.)

- 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.
- The registered office must include a street or road address; a rost office box number alone is not acceptable. 2.
- A corporation cannot act as its own registered agent. 3.
- 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 4. of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
- Any change of registered agent must be by resolution adopted by the board of directors. This statement must 5. then be signed by a duly authorized officer.
- 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.