## **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

AUG 1 5 2005 JESSE WHITE SECRETARY OF STATE



Doc#: 0523134056 Fee: \$26.50 Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 08/19/2005 12:51 PM Pg: 1 of 2

Remit payment in the form of a check or money order payable to the Secretary of State.				
	File # Filing Fee: \$25.00 Approved: \ Subm.t in duplicate Type or Print clearly in black ink Do not write above this line			
1.	CORPORATE NAME: RENAISSANCE CARE CENTER, INC.			
2.	STATE OR COUNTRY OF INCOPPORATION: 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 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			
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 111 E. WACKER DR., STE. 2800			
	Number Street Suite No. (A P.O. Box alone is not acceptable) CHICAGO 60601 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)			
	Rumnto			

SEE REVERSE SIDE FOR SIGNATURES(S).

Cynthia C. Zahora, Paralegal Shefsky & Froelich Ltd. 111 E. Wacker Drive **Suite 2800** Chicago, Illinois 60601

0523134056 Page: 2 of 2

or print the name and title of the officer who is signing on its

## **UNOFFICIAL COPY**

The ur	thorized by the board of dire ndersigned corporation has c lities of perjury, that the facts	aused this state	ment to be signed by a duly authorized officer who affirms,
Dated			Rengissance Care Center, In (Exact Name of Corporation)
	(Month & Day)	(Year)	(Exact Name of Corporation)
***************************************	(Any Authorized Officer's	s Signature)	
(If change o	(Type or Print Name a of registered office by registendersigned, under penalties	ered agent, sign	here. See Note 5) as that the facts stated herein are true.
Dated	JULY 19 (Mint) & Day)		(Signature of Registered Agent of Record)
	2	Ĩ	JUDITH S. SHERWIN  Type or print name. If the registered agent is a composation, type

## MOTES

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 ONL1 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.