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



Doc#: 0525553041 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 09/12/2005 09:23 AM Pg: 1 of 2

Jesse White Secretary of State

Remit payment in the form of a check or money order payable

FILED: 08/26/05

Registered Agent Registered Office Registered Office Registered Office System Sure Sure No. (A P.O. Box alone is not acceptable Mokena, IL 60448 City ZIP Code The address of the registered office and the address of the business office of the registered agent, as a will be identical. The above change was authorized by: ("X" one box only) By resolution duly adopted by the board of directors. (Note 5)	o the	e Secretar	y of State						
1. CORPORATE NAME: BAY AUTO SALES, INC. 2. STATE OR COUNTRY OF INCORPORATION: Illinois CP0733457 3. Name and address of he registered agent and registered office as they appear on the records of the of the Secretary of State before change : Registered Agent EDWARD V. SHARKEY First Name Last Name			File # D 6315-857-7			Filing Fee: \$2	5.00 Approved:	d: EM	
2. STATE OR COUNTRY OF INCORPORATION: Illinois CP0733457	·		Submit in duplicate -	suplicate ————Type or Print clearly in black ink———		- Do not write above this line			
Name and address of he registered agent and registered office as they appear on the records of the of the Secretary of State (before change): Registered Agent EDWARD V. SHARKEY First Name Middle Name Last Name Registered Office 1/1/55 Lincoln Ave. P. 0. Box 27 Number Street Suite No. (A P.O. Box alone is not acceptable) Doltor IL 60419 Cook CityZIP CodeCounty Name and address of the registered agent and registered office shall be (after all changes herein registered Agent EDWARD 1 SHARKEY Registered Agent EDWARD 1 SHARKEY First Name Middle Name Last Name Registered Office 9991 W. 191st St. Number Street Suite No. (A P.O. Box alone is not acceptable) Mokena, IL 60448 Will County The address of the registered office and the address of the business office of the registered agent, as a will be identical. The above change was authorized by: ("X" one box only) a E By resolution duly adopted by the board of directors. (Note 5)	۱.	CORPO	OP.ATE NAME:	BAY AUTO SALES, I	NC.		-	***	
of the Secretary of State (before change): Registered Agent EDWARD V. SHARKEY First Name Middle Name Last Name Registered Office 1/1/5 Lincoln Ave., P. 0. Box 27 Number Street Suite No. (A P.O. Box alone is not acceptable) Doltor IL 60419 Cook City - ZIP Code - County Name and address of the registered agent and registered office shall be (after all changes hereinreged) Registered Agent EDWARD 1/2 SHARKEY First Name include Name Last Name Registered Office 9991 W. 191st St. Number Street Suite No. (A P.O. Box alone is not acceptable) Mokena, IL 60448 Will City ZIP Code County The address of the registered office and the address of the business office of the registered agent, as a will be identical. The above change was authorized by: ("X" one box only) a. By resolution duly adopted by the board of directors. (Note 5)	2.	STATE	OR COUNTRY OF	INCORPORATION:	Illinois	CP07	33457		
Registered Office Number Street Suite No. (A P.O. Box 27	3.	Name a of the S	and address of he Secretary of State (registered agent and r before change):	egistered office as	they appear on the	e records of the o	office	
Registered Office Number Street Suite No. (A P.O. Box 27			Registered Agent	EDWARD	v	SHARKEY			
Name and address of the registered agent and registered office shall be (after all changes herein registered Agent Registered Agent First Name Registered Office 9991 W. 191st St. Number Street Suite Vo. (A P.O. Box alone is not acceptable, Mokena, IL 60448 Will City ZIP Code The address of the registered office and the address of the business office of the registered agent, as a will be identical. The above change was authorized by: ("X" one box only) a E By resolution duly adopted by the board of directors. (Note 5)			Desir A Loca	First Ne.po	Middle Name				
A. Name and address of the registered agent and registered office shall be (after all changes herein registered Agent Registered Agent First Name Registered Office 9991 W. 191st St. Number Street Suite No. (A P.O. Box alone is not acceptable, Mokena, IL 60448 Will City ZIP Code The address of the registered office and the address of the business office of the registered agent, as of will be identical. The above change was authorized by: ("X" one box only) a. By resolution duly adopted by the board of directors. (Note 5)			Registered Office	Wiss Line	oln Ave. P. O	Box 27	- of pagagraphs)		
A. Name and address of the registered agent and registered office shall be (after all changes herein registered Agent Registered Agent First Name Number Registered Office 9991 W. 191st St. Number Street Mokena, IL 60448 Vill Colly ZIP Code The address of the registered office and the address of the business office of the registered agent, as a will be identical. The above change was authorized by: ("X" one box only) a. By resolution duly adopted by the board of directors. (Note 5)									
Registered Agent First Name Middle Name Last Name				- City	ZIP Code	0419	County —	-	
Registered Office Page Pa	4.	Name and address of the registered agent and registered office shall be (after all changes herein reported).							
Registered Office Page Pa		Registered Agent		EDWARD	Gi.	SHARKEY	IARKEY		
Number Street Suite (v. (A P.O. Box alone is not acceptable) Mokena, IL 60448 Will City ZIP Code County 5. The address of the registered office and the address of the business office of the registered agent, as a 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)	,				ividdle Mame		Last Name		
Mokena, IL 60448 City ZIP Code County 5. The address of the registered office and the address of the business office of the registered agent, as a 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)			Registered Office				~~~~~~~		
City ZIP Code County 5. The address of the registered office and the address of the business office of the registered agent, as a 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)						(A P.O. Box alone is	not acceptable)		
 5. The address of the registered office and the address of the business office of the registered agent, as a 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) 					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
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)				City	ZIP Code	Tie	County		
a. By resolution duly adopted by the board of directors. (Note 5)	5.	The ad	idress of the registe identical.	red office and the addr	ess of the business	office of the registe	ered agent, as ch	ange	
The second secon	6.	The at				(Note 5)	2		
DV action of the redistered agent. (Note b)		b. By action of the registered agent.		a di unicolora.	(Note 6)	C			

SEE REVERSE SIDE FOR SIGNATURES(S).

0525553041 Page: 2 of 2

IOFFICIAI

(If authorized by the hoard 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	8/20/05		BAY AUTO SALES,	
	(Month & Day)	(Year)	(Exact Nan	ne of Corporation)
-	(Any Authorized Officer's	Signature)		
-	George Meligas, Preside	nt		
	(Type or Pant Name at	nd Fille)		
		t t aims	hara Saa Nata 6i	
(If char	nge of registered office by register ne undersigned, under penalties o	red agent, sign If perjury, affirm	is that the facts stated	herein are true

(Signature of Registered Agent of Record) 300 CC

(Type or print name. If the registered agent is a comoration, type or print the name and title of the officer who is signing on its behalf.)

NOTES

- The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office adoress of the registered agent must be the same.
- The registered office must include a street or road address; a post office box number alone is not acceptable. 2.
- A corporation cannot act as its own registered soent 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 anicles 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.
- 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 or such corporation must sign this statement.

After Recording, Mail to: Sharkey & Conroy, P.C. ATTORNEYS AT LAW 9991 W. 191st St. Mokena, IL 60448