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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 217-782-3647 www.cyberdriveillinois.com

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

Doc#: 0633408062 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 11/30/2006 02:36 PM Pg: 1 of 2

FILED

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JESSE WHITE SECRETARY OF STATE

| | File # 580 |)38482 | Filling Fee: \$25 Approved: 2C |
|--|--|---|--|
| Submit | In ruplicate ———Type or Pri | nt clearly in black ink | - Do not write above this line |
| I. Corporate Name: | ORLAND PARK DENTAL S | SERVICES, INC. | |
| 2. State or Country | of Incorporation: | | |
| Name and Address Secretary of State | (before change): | gistered Office as they appea | ar on the records of the Office of the |
| Registered Agent | | 4 | |
| Registered Office | First Name 2440 Lincoln Hwy. | Middle Name Suite | Last Name 100 |
| | Number Street | / ^ | No. (P.O. Box alone is unacceptable) |
| | Olympia Fields | 50451 | Cook |
| | City | ZIF Code | County |
| . Name and Addres | s of Registered Agent and Reg | sistered Office shall be (a ter | all changes herein reported): |
| Registered Agent | Timothy G. Lawler | | 0 |
| riogistorou rigorit | First Name | Middle Name | Last Name |
| Registered Office | 11800 S. 75th Ave. | Suite 300 | |
| | Number Street | | lo. (P.O. Box plone is unacceptable) |
| | Palos Heights | 60463 | Cook |
| • | City | ZIP Code | County |
| The address of the | registered office and the addr | ess of the business office of | the registered agent, as (na iged, wil |
| a. 🗹 Resolution | was authorized by: ("X" one bo duly adopted by the board of c ne registered agent. | ox only) directors. (Note 5) (Note 6) | |

SEE REVERSE FOR SIGNATURE(S).

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| The ur | norized by the board of directors, sign indersigned corporation has caused this lies of perjury, that the facts stated herein | statement | t to be signed by a duly authorized officer who affirms unde |
|-------------------|---|------------------------------|--|
| Dated | November 15 | 2006 | ORLAND PARK DENTAL SERVICES, INC. |
| | Curc C. Ondon | Year | Exact Name of Corporation |
| | Any Authorized Officer's Signature Eric C. Ondoy, President | | |
| | | | |
| | Name and Title (type or print) | | |
| If char The un | Name and Title (type or print) nge of registered office by registered | agent, signifirms that | gn here. See Note 6 below. It the facts stated herein are true and correct. |
| The un | Name and Title (type or print) nge of registered office by registered | agent, si ffirms that | gn here. See Note 6 below. It the facts stated herein are true and correct. Signature of Registered Agent of Record |

NOTES

- 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 (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to another, 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 man the Secretary of State.
- 5. Any change of registered agent must be by resolution adopted by the loard of directors. This statement must 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/she is a 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.

Office