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Doc#: 0719131025 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 07/10/2007 10:36 AM Pg: 1 of 2

FORM NFP 105.10/105.20 (rev. Dec. 2003)
STATEMENT OF CHANGE OF
REGISTERED AGENT AND/OR
REGISTERED OFFICE
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-3647
www.cyberdriveillinois.com

Filed 4-03-07 Jesse White Secretary of State

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

File # **37214850** Filing Fee: \$5 Approved: **MD**

----- Submit in duplicate ----- Type or Print clearly in black Ink ----- Do not write above this line -----

1. Corporate Name: AMERICAN MEDICAL ASSOCIATION FOUNDATION



2. State or Country of Incorporation: ILLINOIS

3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

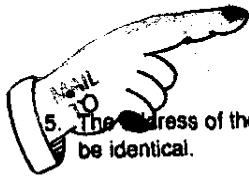
Registered Agent: CORPORATE CREATIONS NETWORK INC.

	First Name	Middle Name	Last Name
Registered Office	<u>3023 N CLARK STREET # 310</u>		
	Number	Street	Suite No. (P.O. Box alone is unacceptable)
	<u>CHICAGO</u>	<u>60657</u>	<u>Cook County</u>
	City	ZIP code	County

4. Name and Address of Registered Agent and Registered Office after all changes herein are reported:

Registered Agent: Kathleen MARIA MAHER

	First Name	Middle Name	Last Name
Registered Office	<u>515 North State Street</u>		
	Number	Street	Suite No. (P.O. Box alone is unacceptable)
	<u>Chicago</u>	<u>60610</u>	<u>Cook County</u>
	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: (check one box only)

- a. Resolution duly adopted by the board of directors. (See Note 5 on reverse.)
- b. Action of the registered agent. (See Note 6 on reverse.)

SEE REVERSE FOR SIGNATURE(S).

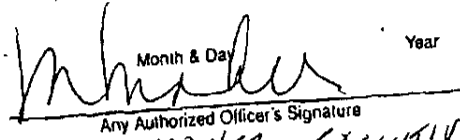
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7. If authorized by the board of directors, sign here. (See Note 5 below.)
The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____
Month & Day Year

AMERICAN MEDICAL ASSOCIATION FOUNDATION
Exact Name of Corporation


Any Authorized Officer's Signature

MARIA MAHON EXECUTIVE DIRECTOR
Name and Title (type or print)

If change of registered office by registered agent, sign here. (See Note 6 below.)
The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated _____
Month & Day Year

Signature of Registered Agent of Record

Name (type or print)
if Registered Agent is a corporation,
Name and Title of officer who is signing on its behalf.

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 from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board 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.