

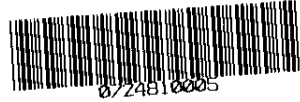
UNOFFICIAL COPY

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

FILED

AUG 17 2007

**JESSE WHITE
SECRETARY OF STATE**



Doc#: 0724810005 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 09/05/2007 09:35 AM Pg: 1 of 2

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
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.

File # 6372-3479 Filing Fee: \$5 Approved: [Signature]

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

- Corporate Name: CHICAGO SOUTHLAND ASSOCIATION OF HEALTH UNDERWRITERS
- State or Country of Incorporation: IL
- 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: PAUL G. ALBERTS
First Name Middle Name Last Name

Registered Office: 1222 S. HALLEM AVE COOK
Number Street Suite # (P.O. Box alone is unacceptable) County
PALOS HEIGHTS 60463
City ZIP Code

- Name and Address of Registered Agent and Registered Office after all changes herein are reported:
- Registered Agent: ROBERT S DIAMOND
First Name Middle Name Last Name
- Registered Office: 3699 SAUK TRAIL SUITE 202 COOK
Number Street Suite # (P.O. Box alone is unacceptable) County
RIGHTON PARK 60471
City ZIP Code

- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
- The above change was authorized by: (check one box only)
 - Resolution duly adopted by the board of directors. (See Note 5 on back.)
 - Action of the registered agent. (See Note 6 on back.)

SY
PA
SN
MY
K

UNOFFICIAL COPY**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 AUGUST 10th
Month & Day

2007
Year

CHICAGO SOUTHWIND ASSOCIATION OF HEALTH UNDERWRITERS
Exact Name of Corporation

Any Authorized Officer's Signature

ROBERT S. DIAMOND, TREASURER
Name and Title (type of 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 state herein are true and correct.

Dated AUGUST 10th
Month & Day

2007
Year

[Signature]
Signature of Registered Agent of Record

ROBERT S. DIAMOND
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 or 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.