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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

DEC 1 1 2007

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

JESSE WHITE

SECRETARY OF STATE

Doc#: 0801618021 Fee: \$26.50 Eugene "Gene" Moore Cook County Recorder of Deeds

Date: 01/16/2008 10:50 AM Pg: 1 of 2

County

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Ю	Secretary of State.		n 1 6	001(77	7			(d
_		File	e# N 5	494-20	_ /~\ Fil	ing Fee: \$5	Approved:	- WW
	Submit in	r'up`icate —⊶—— Ty	pe or Print clear	ly in black ink	Do	not write abov	ve this line -	
1.	Corporate Name:	Bookbind	ier's -	Row (ondo	miNiu	mAss	sociati
	State or Country of Incorporation NOIS							
3.	Name and Address Secretary of State (nt and Registere	ed Office as th	ney appear	on the recor	ds of the O	ffice of the
	Registered Agent:_	Charle First Name	504	Middle Name		<u>(</u>	Last Mame	
	Registered Office: _	<u> </u>	V. Cig	Street	fue.	Suite # (P.O. Bo	ox alone is uņa	cceptable)
		Lincoln	1 w 00 b	ZIP Crap	646		County	
4.	Name and Address	of Registered Agent	and Registered	Office after all	changes h	erein are repo	orted:	
	Registered Agent:	Randy First Name	,	Middle Name	10/2	Ko	Sen Last Name	
	Registered Office:	Number Number	J. Lin	Street	Hue	Suite # (P.O. Bo	ox alone is unad	cceptable)

The address of the registered office and the address of the business office of the registered agent 🔊 changed, will be

6. The above change was authorized by: (check one box only)

identical.

a.
Resolution duly adopted by the board of directors. (See Note 5 on back.)

b.

Action of the registered agent. (See Note 6 on back.)

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7. If authorized by the board of directors, sign here.	(See Note 5 below):
The undersigned corporation has caused this staten	neet to be signed by a duly authorized officer who affirms, unde
penalties of perjury, that the facts stated herein are to	tions to be signed by a duly authorized officer who affirms, unde
The project of the state of the	ue and confect.
11 1	Book binder's Raw
Dated	1 Condominium Association
Month & Day Year	Exact Name of Corporation
Versi A A V I -	Example of Outportation
- William Jean	
Any Authorized Officer's Signature	A
Janua Ga De Salator Rose	2 fresident
Name and Title (type or print)	1145/04-1
The two type of plant	
If change of registered office by registered agent,	sign here (See Note & below).
The undersigned, under penalties of perjury, affirms the	ord the facts state have a percent
and the state of pending of pending the	iat the facts state herein are true and correct.
Dated	
inc nth & Day Year	Signature of Registered Agent of Record
	g
	Name (type or print)
Ux	If Registered Agent is a corporation, Name and Title of officer who is signing on its behalf.
	reans and the of direct with 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 n ust 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.