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FORM NFP 105.10/105.20 (rev. Dec. 2003)

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

b. 

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

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

STATEMENT OF CHANGE

OF REGISTERED AGENT AND/OR REGISTERED OFFICE

General Not For Profit Corporation Act

Jesse White, Secretary of State

501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-3647

www.cyberdriveillinois.com

Department of Business Services

FILED

SEP - 3 2008

JESSE WHITE SECRETARY OF STATE Doc#: 0826156014 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 09/17/2008 01:27 PM Pg: 1 of 2

| ch | mit payment in the for<br>eck or money order pa<br>Secretary of Statr.                            |                          |   |  |  |  |  |
|----|---|--------------------------|---|--|--|--|--|
|    | Secretary of Stair.   | File                     | # <u>1492 - 591-9</u> =                   | iling Fee: \$5 Approved:                 |  |  |  |
|    | Submit Ir   | diplicate Ty             | pe or Print clearly in black ink ———— De  | o not write above this line              |  |  |  |
| 1. | Corporate Name:   | The Peacsch Founda       | tion                                      |  |  |  |  |
| 2. | State or Country of   | f Incorporation: _i\linc | ois                                       |  |  |  |  |
| 3. | Name and Addres<br>Secretary of State   |                          | and Registered Office as they appear      | r on the records of the Office of the    |  |  |  |
|    | Registered Agent:_  | Jean                     | Roberta                                   | Sneed                                    |  |  |  |
|    |   | First Name               | Middle Name                               | Last Name                                |  |  |  |
|    | Registered Office:  | 1402                     | ₩aukegan Road                             |  |  |  |  |
|    |   | Number                   | Street                                    | Suite # (P.O. Box alone is unacceptable) |  |  |  |
|    |   | Northbrook               | <b>∂</b> 5052                             | Cook                                     |  |  |  |
|    |   | City                     | ZIP Coda                                  | County                                   |  |  |  |
| 4. | Name and Address of Registered Agent and Registered Office after all (hanges herein are reported: |                          |   |  |  |  |  |
|    | Registered Agent:_  | Craig                    | P. (Q)                                    | Colmar                                   |  |  |  |
|    | riogiotoroa rigoriti_   | First Name               | Middle Name                               | Last Name                                |  |  |  |
|    | Registered Office:  | 300 S.                   | Wacker Drive                              | Suite 1000                               |  |  |  |
|    |   | Number                   | Street                                    | Suita # (P.O. Box alone is unacceptable) |  |  |  |
|    |   | Chicago                  | 60606                                     | Cook                                     |  |  |  |
|    |   | City                     | ZIP Code                                  | County                                   |  |  |  |
| 5. | The address of the identical.   | registered office and    | the address of the business office of the | registered agent, with anged, will be    |  |  |  |

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## 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      | 25 |      | 08_ | The Peacock Foundation    |  |  |  |
|   | Month & Day |    | - Vo | 025 | Eyact Name of Cornoration |  |  |  |

Any Authorized Officer's Signature

Any Authorized Officer's PRES

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 state herein are true and correct.

| Dated       |      |  |  |
|-------------|------|--|--|
| Non h & Day | Year | Signature of Registered Agent of Record                    |  |
| 70.         |      |  |  |
| ~/X,        |      |  |  |
|             |      | Name (time or print)                                       |  |
| 0.0         |      | Name (type or print) If Registered Agent is a corporation, |  |

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 (20. 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.