UNOFFICIAL COPY

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 501 S. Second St., Rm. 328 Springfield, IL 62756 217-782-7808 www.cyberdriveillinois.com

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

FILED

AUG 17 2009

JESSE WHITE SECRETARY OF STATE Doc#: 0924644058 Fee: \$38.00

Cook County Recorder of Deeds Date: 09/03/2009 12:36 PM Pg: 1 of 2

	File # 5345-45-9-3 Filing Fee: \$25 Approved:
	——————————————————————————————————————
1.	Corporate Name: GLENCHEST HEALTHCARE AND REHABILITATION CENTRE, LTD.
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: ABRAHAM J. STERN First Name Middle Name Last Name
	Registered Office: 10 S. WACKER DR., 40TH FLOOR Number Suite # (P.O. Box alone is unacceptable)
	CHICAGO 60606 COOK City ZIP Code County
4.	Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported);
	Registered Agent: MS REGISTERED AGENT SERVICES INC. First Name Middle Name Last Name
	Registered Office: 191 N. WACKER DR., STE. 1800
	Number Street Suite # (F.O. P.y. Llone is unacceptable)
	CHICAGO 60606 COOK G/C
5.	The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

SEE REVERSE FOR SIGNATURE(S).

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

b.

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

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



0924644058 Page: 2 of 2

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 <u>JL</u>	JLY 23	<u>, 09</u>	GLENCREST HEALTHCARE AND REHABILITATION CE
	Month & Day	Year	Exact Name of Corporation
	Any Authorized Officer's Signature		
S	idney J. Glenner, President		·
•	Name and Title (type or print)		
	e of registered office by registere		
			t the facts stated herein are true and correct.
he unde			
he unde	ersigned, under penalties of perjury,	affirms tha	t the facts stated herein are true and correct.

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 a lidress (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 or 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 m is statement.