

UNOFFICIAL COPY



FORM **BCA 5.10/5.20** (rev. Dec. 2003)
STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE
Business Corporation Act

Doc#: **0924644059** Fee: **\$38.00**
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 09/03/2009 12:36 PM Pg: 1 of 2

FILED

AUG 17 2009

JESSE WHITE
SECRETARY OF STATE

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.

File # 5528-724-4 Filing Fee: \$25 Approved: JH

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

- Corporate Name: GLENBRIDGE NURSING AND REHABILITATION CENTRE, LTD.
- State or Country of Incorporation: ILLINOIS
- 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 Street Suite # (P.O. Box alone is unacceptable)

CHICAGO 60606 COOK
City ZIP Code County

- 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 # (P.O. Box alone is unacceptable)

CHICAGO 60606 COOK
City ZIP Code County

- 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: ("X" one box only)
 - Resolution duly adopted by the board of directors. (See Note 5 on reverse.)
 - Action of the registered agent. (See Note 6 on reverse.)

SEE REVERSE FOR SIGNATURE(S).



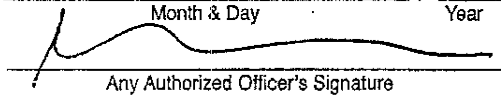
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UNOFFICIAL COPY**7. If authorized by the board of directors, sign here. (See Note 5 below.)**

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 JULY 23 _____, 09 _____
Month & Day Year

GLENBRIDGE NURSING AND REHABILITATION CENTR
Exact Name of Corporation


Any Authorized Officer's Signature

Sidney J. Glenner, President
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.