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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#: 0924644060 Fee: \$38.00 Eugene "Gene" Moore

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

| | | File # 53/3-// | Filing Fee: | \$25 Approved: 1 | |
|----|---|------------------|----------------|-----------------------------------|--|
| | Submit in oup/facte | | _ | 7 | |
| 1. | Corporate Name: GLEN HEALTH A | ND HOME MANAGEME | NT, INC. | | |
| 2. | State or Country of Incorporation: | L.NOIS | | | |
| 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. STI First Name | ERN Midd | dle Name | Last Name | |
| | Registered Office: 10 S. WACKER D. Number | | Struet Suite # | (P.O. Box alone is unacceptable) | |
| | CHICAGO City | 60606 | COOl | K County | |
| 1. | Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported): | | | | |
| | Registered Agent: MS REGISTERE First Name | Mido | C. dle Name | Last Name | |
| | Registered Office: 191 N. WACKER Number | | Street Suite # | (F O. Br x alone is unacceptable) | |
| | CHICAGO City | | 0606 P Code | CUO: 8/6 | |
| | • | | | | |

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

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

- a. Z Resolution duly adopted by the board of directors. (See Note 5 on reverse.)
- b. Q Action of the registered agent. (See Note 6 on reverse.)

SEE REVERSE FOR SIGNATURE(S).





0924644060 Page: 2 of 2

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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 | GLEN HEALTH AND HOME MANAGEMENT, INC. |
|--|------------------------------|--|
| Month & Day | Year | 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 at The undersigned, under penalties of perjury, af | agent, s firms tha | gn here. (See Note 6 below.) t the facts stated herein are true and correct. |
| Dated, | | |
| Month & Day | Year | Signature of Registered Agent of Record |
| | | Name (type or print) |

NOTES

- 1. The registered office may, but need not lie, 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 rocc 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.
- Any change of registered agent must be by resolution adopted by the poard 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.