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

FILED

AUG 17 2009

Doc#: 0924644062 Fee: \$38.00 Eugene "Gene" Moore

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

**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

JESSE WHITE

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

SECRETARY OF STATE

	File # 50 7	17-279-9	Filling Fee: \$25 Approved:
	Submit in dup/: a'e Type or Print clea	urly in black ink ———— [	o not write above this line —
1.	Corporate Name: GLEN O. KS NURSING & REHAB	ILITATION CENTRE, LT	D
2.	State or Country of Incorporation: LLINOIS		
3.	Name and Address of Registered Agent and Register Secretary of State (before change):	ered Office as they appe	ear on the records of the Office of the
	Registered Agent: ABRAHAM J. STERN First Name	Middle Name	Last Name
	Registered Office: 10 S. WACKER DR., 40TH FLOOF Number	Struët	Suite # (P.O. Box alone is unacceptable)
	CHICAGO	60606	COOK
	City	ZIP Code	County
4.	Name and Address of Registered Agent and Registered	ed Öffice shall be (aner a	ll changes herein reported):
	Registered Agent: MS REGISTERED AGENT SERVI	CES INC.	<b>*/</b> _ :
	First Name	Middle Name	Last Name
	Registered Office: 191 N. WACKER DR., STE. 1800		0.
	Number	Street	Suite # (P. ). Box alone is unacceptable)
	CHICAGO	60606	COCK A/6
	City.	ZIP Code	County
5.	The address of the registered office and the address o	f the business office of th	e registered agent, as changed, will be

- identical.
- 6. The above change was authorized by: ("X" one box only)
  - a. M Resolution duly adopted by the board of directors. (See Note 5 on reverse.)
  - b. Action of the registered agent. (See Note 6 on reverse.)

SEE REVERSE FOR SIGNATURE(S).



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Name (type or print)
If Registered Agent is a corporation,
Name and Title of officer who is signing on its behalf,

## UNOFFICIAL COPY

•	The undersigned corporation has caused this statement	ersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under of perjury, that the facts stated herein are true and correct.			
	Dated JULY 23 / , 09	GLEN OAKS NURSING & REHABILITATION CENTRE, LT			
	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 agent, si The undersigned, under penalties of perjury, affirms that	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			
		:			

## **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 of the same.
- 2. The registered office must include a street or road siddress (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 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 in statement.