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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

SEP 3 0 2009

JESSE WHITE SECRETARY OF STATE 0927945095

Doc#: 0927945095 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 10/06/2009 12:32 PM Pg: 1 of 2

Submit in	$O_{\lambda}$			Filing Fee: \$25	Approved:
	duriic ite	Type or P	rint clearly in black ink —	—— Do not write abo	ove this line —
Corporate Name:	THERAFY MASTI	ERS, INC			
State or Country o	f Incorporation: Illi	rois			
Name and Addres Secretary of State	ss of Registered Aq (before change):	gent and	Registered Office as the	ey appear on the reco	ords of the Office of the
Registered Agent:		RN	Niddle Norre		No. of No.
Domintourd Office.		ED DDIV			Last Name
registered Office:	Number	EN DHIV	Street	Suite # (P.O.	Box alone is unacceptable)
	· · · · · · · · · · · · · · · · · · ·	606 CO	<del></del>		
	City		ZIP Code		County
lame and Addres	s of Registered Age	ent and R	egistered Office shall be	(after all changes her	ein reported):
Registered Agent:	MS REGISTERED	AGENT	SERVICES, INC.	1/4	
-	First Name		Middle Name	2,0	Last Name
Registered Office:		KER DRI			
	Number		Street	Suite # (PO	Socialone is unacceptable)
		606 CO			10 0/6
	City		ZIP Code		County 01/2
he address of the dentical.	registered office a	nd the add	dress of the business off ,	ice of the registered a	gent, as changed, will be
. 🗹 Resolution	duly adopted by th	e board o	f directors. (See Note 5	on reverse.)	
3 3 3	legistered Agent: legistered Office: legistered Office: legistered Agent: legistered Agent: legistered Office: he address of the lentical. he above change Resolution	Registered Agent: ABRAHAM J. STE First Name Registered Office: 10 SOUTH WACK Number  CHICAGO, IL 60 City  Registered Agent: MS REGISTERED First Name Registered Agent: MS REGISTERED First Name Registered Office: 191 NORTH WACK Number  CHICAGO, IL 60 City  The address of the registered office a dentical.  The above change was authorized by Resolution duly adopted by the second of	Registered Agent: ABRAHAM J. STERN First Name Registered Office: 10 SOUTH WACKER DRIV Number  CHICAGO, IL 60606 CO City  Registered Agent: MS REGISTERED AGENT First Name Registered Office: 191 NORTH WACKER DRIV Number  CHICAGO, IL 60606 CO City  Registered Office: 191 NORTH WACKER DRI Number  CHICAGO, IL 60606 CO City  The address of the registered office and the addrentical.  The above change was authorized by: ("X" one Resolution duly adopted by the board of the state of the point of the poin	Registered Agent: ABRAHAM J. STERN First Name Niddle Name Registered Office: 10 SOUTH WACKER DRIVE, 40TH FL 3 Number Street  CHICAGO, IL 60606 COOK COUNTY City ZIP Code  Registered Agent: MS REGISTERED AGENT SERVICES, INC. First Name Middle Name  Registered Office: 191 NORTH WACKER DRIVE, SUITE 1800 Number Street  CHICAGO, IL 60606 COOK COUNTY City ZIP Code  Registered Office: 191 NORTH WACKER DRIVE, SUITE 1800 Number Street  CHICAGO, IL 60606 COOK COUNTY City ZIP Code  The address of the registered office and the address of the business off dentical.  The above change was authorized by: ("X" one box only)  Resolution duly adopted by the board of directors. (See Note 5)	Registered Agent: ABRAHAM J. STERN First Name

SEE REVERSE FOR SIGNATURE(S).

Printed by authority of the State of Illinois. September 2008 - 1 - C 135.19

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The undersigned corporation	of directors, sign here. (See Note has caused this statement to be stacts stated herein are true and co	igned by a duly authorized officer who affirms, under
Dated	, <u>2009</u> Day Year	THERAPY MASTERS, INC.  Exact Name of Corporation
Any Authorized SIDNEY GLENNER	Officer's Signature PRESIDENT	•

If change of registered office by registered agent, sign here. (See Note 6 below.)

Name and Title (type or print)

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	
<b>'</b> O.			
40		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 recorded 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 this statement.