



Doc#: 0932429122 Fee: \$38.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 11/20/2009 03:57 PM Pg: 1 of 2

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

## FILED

NOV 10 2009

**JESSE WHITE  
SECRETARY OF STATE**

Jesse White, Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-3647  
www.cyberdrivellinois.com

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

File # 63519464 Filing Fee: \$25 Approved: JH  
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: LONG TERM CARE GROUP, INC.
2. State or Country of Incorporation: DELAWARE
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: NATIONAL REGISTERED AGENTS INC.

First Name	Middle Name	Last Name

Registered Office: 200 WEST ADAMS STREET

Number	Street	Suite # (P.O. Box alone is unacceptable)
<u>CHICAGO</u>	<u>60606</u>	<u>COOK</u>
City	ZIP Code	County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent: ILLINOIS CORPORATION SERVICE COMPANY

First Name	Middle Name	Last Name

Registered Office: 801 ADLAI STEVENSON DRIVE

Number	Street	Suite # (P.O. Box alone is unacceptable)
<u>SPRINGFIELD</u>	<u>62703</u>	<u>SANGAMON</u>
City	ZIP Code	County

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

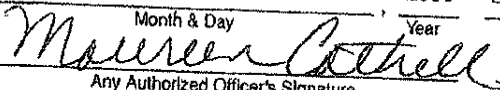
SEE REVERSE FOR SIGNATURE(S).

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# 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 NOVEMBER 6, 2009 LONG TERM CARE GROUP, INC.  
Month & Day Year Exact Name of Corporation  
  
Any Authorized Officer's Signature  
MAUREEN CATHELL, ATTORNEY IN FACT  
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.