

# UNOFFICIAL COPY

FOR THE INSTRUCTIONS

IF ANY CHANGE IS MADE ON ANY DOCUMENT THE CHANGE MUST BE INITIALED BY THE BUYER(S)!!!!  
DO NOT USE WHITE-OUT TO MAKE CHANGES!!!

TO: Attorney's Title  
Chicago, IL

DATE: April 4, 1986  
AEMC LOAN #: 09-58-87104  
MORTGAGOR(S): Steven J. Dolecki

FHA CASE #: \_\_\_\_\_

PROPERTY ADDRESS: 1205 Roth Court  
Wheeling, Illinois 60090

**THE LOAN TERMS ARE AS FOLLOWS:**

Type: FHA VA CONV. XX TERM: 360 MONTHS. MONTHLY PAYMENT \$ 320.16  
Loan Amount \$ 35,000.00 Interest Rate 10.50 %

CONTINGENCIES: Exhibit A & C and Certificate of insurance must be in our office prior to closing  
Please note that we need A Condo Endorsement to the Title Policy.

OUR LOAN PROCEEDS CHECK IS ISSUED IN THE AMOUNT OF \$ 33,851.00 Draft No. 1117

THIS REPRESENTS THE LOAN AMOUNT LESS THE FOLLOWING DEDUCTIONS:

- \$ POC CREDIT REPORT FEE - buyers poc'd \$ 25.00 we paid to Credifax \$ 25.00
- \$ POC APPRAISAL FEE - buyers poc'd \$ 190.00 we paid to L. Berman \$ 190.00
- \$ 49.00 TAX SERVICE FEE - buyer's charge
- \$ POC ORIGINATION FEE - buyer poc'd \$ 35.00
- \$ 400.00 ORIGINATION FEE 1% OF MORTGAGE AMOUNT - buyer's / ~~XXXXXXXXXXXX~~
- \$ 700.00 DISCOUNT POINTS - 2.0% ~~XXXXXX~~ / Buyer)
- \$ N/A One time MIP financed/VA Funding Fee financed

BUYER TO SUPPLY HOMEOWNER'S POLICY WITH PAID RECEIPT WITH COVERAGE OF \$35,000.00

PLEASE MAKE SURE THAT THE HAZARD POLICY CONTAINS THE FOLLOWING MORTGAGE CLAUSE:

ALLSTATE ENTERPRISES MORTGAGE CORPORATION  
AND OR IT'S ASSIGNS  
P.O. BOX 750 1985 taxes 1st installment must be Paid In Full.  
LINCOLNSHIRE, IL 60069

ESCROW ITEMS:	<u>05</u> Mos TAXES @ \$ <u>89.54</u> /mo. = \$ <u>449.20</u> TOTAL TAXES TO BE COLLECTED
	_____ Mos H.O. @ \$ _____ /mo. = \$ _____ TOTAL H.O. TO BE COLLECTED
	_____ Mos PMI @ \$ _____ /mo. = \$ _____ TOTAL PMI TO BE COLLECTED
	_____ Mos FLOOD @ \$ _____ /mo. = \$ _____ TOTAL FLOOD TO BE COLLECTED

27 DAYS OF PER DIEM @ \$ 10.07 PER DAY = \$ 271.89 TOTAL PER DIEM TO BE COLLECTED

CHECK TO:	\$ _____
CHECK TO:	\$ _____
CHECK TO:	\$ _____
CHECK TO:	\$ _____

In connection with the above captioned case, we are enclosing the following documents:

- |   |  |
|---|--|
| ( X ) DRAFT                                   | ( ) RIGHT OF RECISSION                     |
| ( X ) <del>FHA/VA</del> CONVENTIONAL NOTE     | ( ) PREMIUM PAYMENT AUTHORIZATION          |
| ( ) ADJUSTABLE RATE NOTE                      | ( ) VA EMPLOYMENT CERTIFICATION            |
| ( X ) <del>FHA/VA</del> CONVENTIONAL MORTGAGE | ( ) TERMITE INSPECTION & BILL              |
| ( X ) RIDER TO THE MORTGAGE                   | ( ) SURVEY & BILL                          |
| ( ) VA FORM 26-1876/VA FORM 26-1820           | ( X ) 1003 (application)                   |
| ( ) FHA FORM 2900-4 ORIGINAL                  | ( X ) Buyers Dec. to Lender sign & return. |
| ( ) AFFIDAVIT OF PURCHASER & VENDOR (1009)    | ( X ) Correction of Errors                 |
| ( X ) TRUTH-IN-LENDING                        | ( ) Illinois Mortgage Escrow Account Act   |
| ( X ) TAX INFORMATION SHEET & STICKER         | ( )  |
| ( X ) FIRST PAYMENT LETTER                    | ( )  |

These forms are the only forms that are ACCEPTABLE for this transaction!!! Please return with 2 copies of each document. PLEASE BE SURE THAT ALL DOCUMENTS ARE DATED THE DAY OF CLOSING ( INCLUDING THE NOTE & MORTGAGE ) !!!

We authorize your office to close this loan in accordance with the state regulations, and our General Closing Instructions attached herewith, WHEN ALL CONTINGENCIES STATED HAVE BEEN MET AND SATISFIED as described. DO NOT DISBURSE UNLESS ALL REQUIREMENTS HAVE BEEN MET!!!

ANY QUESTIONS/PROBLEMS  
PLEASE CALL: 367-4606

BY: \_\_\_\_\_  
ALLSTATE ENTERPRISES MORTGAGE CORPORATION  
800 South Milwaukee Ave. Suite 240  
Libertyville, IL 60048

PLEASE CALL PRIOR TO DISBURSEMENT!

86131837

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86131833

BCA 5.10/5.20 (Rev. Jul. 1984)

8 6 1 3 1 5

File #5393-141-3

Submit in Duplicate  
Remit payment in Check or Money  
Order, payable to "Secretary of  
State".  
**DO NOT SEND CASH!**

JIM EDGAR  
Secretary of State  
State of Illinois

This Space For Use By Secretary of State	
Date	APR 01 1986
Filing Fee	\$5.00
Clerk	P. J. S.

## STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby submits the following statement.

1. The name of the corporation is Industrial Waste Systems, Inc.

2. The State or Country of incorporation is Illinois

3. The name and address of its registered agent and its registered office as they appear on the records of the office of the Secretary of State (Before Change) are:

Registered Agent John Richard Ruddy

First Name	Middle Name	Last Name
John	Richard	Ruddy

Registered Office 53 W. Jackson Blvd., Suite 630

Number	Street	Suite No. (A P.O. Box alone is not acceptable)	City	Zip Code	Country
53	W. Jackson Blvd.	Suite 630	Chicago, Illinois	60614	Cook

**FILED**  
APR 01 1986

Secretary of State  
Corporation Department

4. The name and address of its registered agent and its registered office shall be (After All Changes Here Reported):

Registered Agent Steven B. Randall

First Name	Middle Name	Last Name
Steven	B.	Randall

Registered Office 29 South LaSalle Street, Suite 450

Number	Street	Suite No. (A P.O. Box alone is not acceptable)	City	Zip Code	Country
29	South LaSalle Street	Suite 450	Chicago, Illinois	60603	Cook

016

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.  By resolution duly adopted by the board of directors. (Note 5)
- b.  By action of the registered agent. (Note 6)

(If authorized by the board of directors, sign here. See Note 5)

The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

Dated December 2, 19 85 Industrial Waste Systems, Inc.

attested by [Signature]  
(Signature of Secretary or Assistant Secretary)  
Raymond Rickman, Secretary  
(Type or Print Name and Title)

by [Signature]  
(Signature of President or vice president)  
James J. Curtis, President  
(Type or Print Name and Title)

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

The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated \_\_\_\_\_, 19 \_\_\_\_\_  
(Signature of Registered Agent of Record)

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## 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, a post office box number alone is not acceptable.
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, then 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 then be signed by the President (or vice-president) and by the Secretary (or an assistant secretary).
6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

DEPT ~~OF~~ ~~COMMUNITY~~

\$11.25

T#1111 TRAN 1626 04/07/86 11:49:00

#2468 # A \* -86-131833

Form BCA-5.10/5.20

86131833

File No. 5393-141-3

STATEMENT OF CHANGE OF REGISTERED  
AGENT AND/OR REGISTERED OFFICE

Filing Fee \$5.00

Henry, Roman & Assoc.  
29 S. WABACE SUITE 450  
CHICAGO IL 60603

RETURN TO:

Corporation Department  
Secretary of State  
Springfield, Illinois 62756  
Telephone 217 - 782-7808

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C-135.4