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NFP - 105.10/105.20  
(Rev. Jan., 1987)

JIM EDGAR  
Secretary of State  
State of Illinois

Remit payment in Check or Money  
Order, payable to "Secretary of  
State"

DO NOT SEND CASH!

STATEMENT OF CHANGE OF REGISTERED AGENT  
AND/OR  
REGISTERED OFFICE  
under the  
GENERAL NOT FOR PROFIT CORPORATION ACT

This Space For Use By  
Secretary of State

Date 6-5-87

Filing Fee \$5

Clerk JAE

**FILED**  
JUN 10 1987  
JIM EDGAR  
Secretary of State

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned corporation hereby submits the following statement.

1. The true name of the corporation is St. Anne's Hospital West,  
Incorporated

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	<u>Edwin</u>	<u>W.</u>	<u>Murphy</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Registered Office	<u>1100 Elmhurst Road</u>		
	<small>Number</small>	<small>Street</small>	<small>Suite No. (A P.O. Box alone is not acceptable)</small>
	<u>Elk Grove Village</u>	<u>60007</u>	<u>Cook</u>
	<small>City</small>	<small>Zip Code</small>	<small>County</small>

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

Registered Agent	<u>Prentice Hall Corporation System, Inc.</u>		
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Registered Office	<u>33 North LaSalle Street</u>		<u>#1925</u>
	<small>Number</small>	<small>Street</small>	<small>Suite No. (A P.O. Box alone is not acceptable)</small>
	<u>Chicago</u>	<u>60602</u>	<u>Cook</u>
	<small>City</small>	<small>Zip Code</small>	<small>County</small>

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 April 13 19 87

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

St. Anne's Hospital West of Northlake  
(Exact Name of Corporation) Incorporated  
by [Signature]  
(Signature of President or Vice-President)  
Paul Rielat, 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 or Record

871097108

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DEPT. OF RECORDING  
#1111 FROM 1538 07/29/87 15:44:00  
#8747 111 \* 87-409708  
COOK COUNTY RECORDER  
\$12.00



87409708

**BOX 209**