BCA 5.10/5.20 (Rev. Jul. 1984

Submit in Duplicate

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

DO NOT SEND CASH!

Secretary of State State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

This Space For Use By Secretary of State

Date

Filing Fee \$5.00

Clerk W

١.	The name of the corporation	ic H.G. Riel	nn InsuranceAq	ency, Inc.	
•	the hame of the corporation	1 13 11 11			-
				·	-
	The State or Country of inco	orporation is	llinois		
	The page and address of its the office of the Secretary of	registered agent a State (Before Cha	and its registered officinge) are:	ce as they appear on the records o	f
•	Registered Agant	Jerome	P.	Jakubco	
	(2 i 1987 Begistered Office	First Name	Middle Name	Last Name	
t	Registered Office _	2224	West Irving		
	stant of State	Nu iber	Street Suite N	o. (A P.O. Box alone is not acceptable)	
)C	retary of Ctate ration Department —	Chricago	60618	Cook	
Ø	ration Department	Chy	Zip Code	County	
/	The name and address of it Herein Reported):	s registered agent	end its registered o	ffice shall be (After All Change.	Ş
	Registered Agent _	Mark	О,В.	Swillinger	
		First Name	M'Artie Name	Last Name	(
	Registered Office _	151 Nort	th Michigan Av	enue, Suite 3314	
	•	Numher		, (A P.O. Box alone is not acceptable)	
	_	Chicago	60601-752		
		City	Zip Code	County	
	The address of the registered as changed, will be identical.	d office and the	address of the busin	ess office of the registered agent	,
	The above change was authori	zed by: ("X" one	s box only)		
	a. By resolution duly a	adopted by the bo	ard of directors.	(Note 5)	
	b. D By ction of the reg			(Note 6)	
			lan Mata 5)		
a	nuthorized by the board of direction. The understand corporation	has caused this o	<i>ee Note 5)</i> Statement to be signe	d by its duly authorized officers	
ch	n of whom affirm, under penalt	ies of perjury, tha	t the facts stated here	in are true.	,
	·	, 19_87		Insurance Agency, Inc	
ato	ed October 5	7, 19 07		ucf Name of Corporation)	•
٠	mand his May Oppe a C'	Hickory	by/W/L	1 10 / Melles	
(e:	sted by Signature of Secretary or Assi	Istant Secretary)	(Signatur	of President or vice president)	,
	Marlene C. Rieh		, Karl H.	Riehn, President	
	(Type or Print Name as			e or Print Name and Title)	•
۳,	hange of registered office by re	gistered agent sig	n here. See Note 6)		

- 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.
- The registered office must include a street or road address, a post office box number alone is not 2. acceptable.
- 3. A corporation cannot act as its own registered agent.
- If the registere) 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 etement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
- Any change of registered agent must be by resolution adopted by the board of directors. This state-5. ment must then be signed by the President (or vice-president) and by the Secretary (or an assistant secretary).
- The registered agent may report a change of the registered office of the corporation for which he 6. or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

\$12.25

TRAN 7198 12/28/87 14:20:00

*-87-676232

COOK COUNTY RECORDER

AGENT AND/OR REGISTERED OFFICE

Filing Fee \$5.00

Swillinger, Michigan Ave

PLEASE RETURN TO

RETURN TO:

Springfield, Illinois 62756 Corporation Department Secretary of State Felephone 217

57676232 Form BCA-5.10/5.20

File No.

STATEMENT OF CHANGE OF