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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!

JIM EDGAR Secretary of State State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

This Space For Use By Secretary of State

8-21-57 Filing Fee \$5.00

| _ | ng statement. | INSURANCE AGENCY | . INC. |
|--|--|---|--|
| The name of the curp | oration is | THE PERSON NAMED IN COLUMN | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | | |
| The State or Country | of incorporation isiii | INOIS | |
| ~ P (O | | | |
| | of its registered agent as vary of State (<i>Before Chan</i> | | e as they appear on the record |
| | / | • | |
| ැය ල ් දීප්ර Registered A | gent Sizz Name | Middle Name | Last Name |
| | | Road | |
| crotary of Spegistered C |)Mice | | . (A P.O. Box alone is not acceptable) |
| Crown, Depoitment | Glenview, IL | 60025 | Cook |
| oration Department | City | Zip Code | County |
| | s of its registered agent | and its registered of | ffice shall be (After All Cha |
| Herein Reported): | |) | · • |
| Registered Agent | gentMARTIN L. H | 1/ZER | |
| | Fra None | Ab fle Name | Last Nome |
| Registered Office _ | ffice 800 Waukega | | <u></u> |
| | ,Number | | (A P.O. Box alone is not acceptable) |
| | Glenview, i | | Cook |
| | City | Zip Code | County |
| The address of the reas changed, will be iden | | ddress of the busine | as office of the registered ac |
| • | | | |
| | authorized by: ("X" one | | |
| a. | | | (Not. 5) |
| b. By action of | the registered agent. | | (Note 6) |
| mthorized by the board | of directors, sign here. Se | re Note \$} | C |
| The undersigned corpo | oration has caused this st | latement to be signo | d by its duly authorized offi |
| n of whom affirm, under | penalties of perjury, that | | |
| 🛶 Februari | y 4, 1987 19 | | NCE AGENCY, INC. |
| 60 | TUT | | 1. C |
| | ONA TONE | | The I seemed the |
| sted by | 10 ST | OY TO | |
| sted by Signature of Moreta | A STATE OF THE STA | O Stund | of President or vice president) |
| sted by Strature of Actions EVA CHAND | S Secretary | SEORGE CH | ANDILES, President |
| Sted by ASIgnature of Acres EVA CHAND (Type or Pro | Secretary Name and Title) | SEORGE CH | iANDILES, President row Proce Name and Title) |
| Sted by EVA CHAND (Type or Principles of Pregistered Office | S Secretary | SEORGE CI Type there. See Note 6) | iANDILES, President ror Proce Name and Ticks |
| EVA CHAND (Type or Principles of Pregistered Office | Secretary Secretary Some and Title; the by registered agent, stem r penalties of perjury, affile | SEORGE CI Type there. See Note 6) | iANDILES, President ror Proce Name and Ticks |

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