NFP - 105.10/105. <mark>10</mark> Rev. Jen., 1987)		JIM EDBAR O O A	This Space For Use By
lemit payment in Cha	ck or Money Si	cretary of State tate of Illinois	Secretary of State
Order, payable to "S State". DO NOT SEND (	Secretary of	HANGE OF REGISTERED AGENT	Date 6-5-97
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S 🕏		ISTERED OFFICE	
	GENERAL NOT FO	R PROFIT CORPORATION ACT	Clerk JE
ereby submits the fo	pliowing statement.		86," the undersigned corporation
The true name of	of the corporation is <u>St. A</u>	nne's Hospital of	Chicago, Inc.
		**************************************	
The State or Cou	untry of incorporation is $\underline{II}$	linois.	
10,			
	Idress of its registered agent retary of State (Before Chang	<u>-</u>	hey appear on the records of the
Registered Agent	Edwin	W	Murphy
B.a.a.a.a.a.a.a.a.u.	First der na	Middle Neme	Last Neme
Registered Office	100 Elm'iurst Road	•	
· ·	Number	Street Suite N	io (A P O Box alone is not acceptable)
·	Number Elk Grove Village	•	o (APO Box alona is not acceptable) COOK
		•	
`	Elk Grove Village	60007 Zip Code	Cook
The name and ac Reported):	Elk Grove Village City  Iddress of its registered agont	60007 Zip Code t and its registered office shi	Cook
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(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.

Signature of Registered Agent of Record.

## **UNOFFICIAL COPY**

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BOX X08

DEFT-01 RECORDING \$12.00
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COOK COUNTY RECORDER

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