

87332014
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NFP - 105 10/1/85 LC
(Rev. Jan., 1987)

JIM EDGAR 3 3 2 3
Secretary of State
State of Illinois

File # 5269-0293

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	<i>[Signature]</i>

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 Edwin W. Murphy
First Name Middle Name Last Name

Registered Office 1100 Elmhurst Road
Number Street Suite No. A P O Box alone is not acceptable.
Elk Grove Village 60007 Cook
City Zip Code County

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

Registered Agent Prentice Hall Corporation System, Inc.
First Name Middle Name Last Name

Registered Office 33 North LaSalle Street #1925
Number Street Suite No. A P O Box alone is not acceptable.
Chicago 60602 Cook
City Zip Code County

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 15 19 87

St. Anne's Hospital West of Northlak
Exact Name of Corporation Incorporated

attested by [Signature]
(Signature of Secretary or Assistant Secretary)

by [Signature]
(Signature of President or Vice President)

Daniel Cantrell, Secretary

Paul Rielat, President

(Type or Print Name and Title)

(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 Recorder

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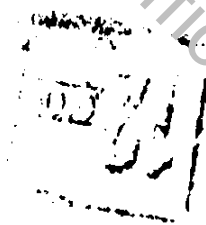
BOX 209

BOX 209

of [unclear]

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$12.00
T#1111 TRAN 3748 06/17/87 16:03:00
#0598 # A *-87-332014
COOK COUNTY RECORDER



87332014

PROPERTY