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(Rev. Jan., 1987)

JIM EDGAR
Secretary of State
State of Illinois

File # 0569-714-0

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

This Space For Use By
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Date _____
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AUG 17 1989

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.

- The true name of the corporation is Sisters of the Holy Family of Nazareth
- The State or Country of incorporation is Illinois
- 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 Sister M. Loretta Markiewicz
First Name Middle Name Last Name

Registered Office 353 North River Road
Number Street Suite No. (A P.O. Box alone is not acceptable)
Des Plaines 60016 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 Sister Lucille Madura
First Name Middle Name Last Name

Registered Office 353 North River Road
Number Street Suite No. (A P.O. Box alone is not acceptable)
Des Plaines 60016 Cook
City Zip Code County

- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
- The above change was authorized by: ("X" one box only)
 - By resolution duly adopted by the board of directors. (Note 5)
 - 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 August, 19 89 Sisters of the Holy Family of Nazareth
(Exact Name of Corporation)

attested by X Sister Virginia Zielinski by X Sr. Lucille Madura
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

Sr. Virginia Zielinski, Sec. Sr. Lucille Madura, 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 _____

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