

Submit in Duplicate

JIM EDGAR  
Secretary of State  
State of Illinois

This Space For Use By Secretary of State	
Date	11-20-90
Filing Fee	\$5
Clerk	JT

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 30600845

Pursuant to the provisions of "The Business Corporation Act of 1983", or "The General Not For Profit Corporation Act of 1986", the undersigned corporation hereby submits the following statement.

1. The name of the corporation is CHICAGO HEALTHCARE EQUIPMENT CORPORATION

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:

**FILED**

NOV 20 1990

JIM EDGAR  
Secretary of State

Registered Agent ARNOLD D. GOLDSTEIN  
First Name Middle Name Last Name  
 Registered Office 221 NORTH LA SALLE  
Number Street Suite No. (A P.O. Box alone is not acceptable)  
CHICAGO, ILLINOIS 60601  
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 ERIC P. FERLEGER ✓  
First Name Middle Name Last Name  
 Registered Office ONE NORTH LA SALLE STREET - SUITE 2000 ✓  
Number Street Suite No. (A P.O. Box alone is not acceptable)  
CHICAGO, ILLINOIS 60602 ✓  
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 November 6, 19 90

CHICAGO HEALTHCARE EQUIPMENT CORPORATION  
(Exact Name of Corporation)

attested by \_\_\_\_\_  
(Signature of Secretary or Assistant Secretary)

by Leon Stein  
(Signature of President or Vice President)

\_\_\_\_\_  
(Type or Print Name and Title)

LEON STEIN  
(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 of Record)

# UNOFFICIAL COPY

DEPT-01 RECORDING \$13.25  
T#2222 TRAN 0842 12/11/90 10:53:00  
#2857 # B \*-90-600845  
COOK COUNTY RECORDER

## NOTES

1. 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.
2. The registered office must include a street or road address, a post office box number alone is not acceptable.
3. A corporation cannot act as its own registered agent.
4. If the registered 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 state of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the President (or vice-president) and by the Secretary (or an assistant secretary).
6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.



METRO CLERKING  
P.O. Box 641545  
Chicago, IL 60664-1545

FORM BCA-5.10/5.20000845  
FORM NFP-105.10/105.20

File No. \_\_\_\_\_

STATEMENT OF CHANGE OF REGISTERED  
AGENT AND/OR REGISTERED OFFICE

Filing Fee \$5

RETURN TO:

Department of Business Services  
Secretary of State  
Springfield, Illinois 62756  
Telephone (217) 782-7808

90600845

1325