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BCA 5.10/5.20 (Rev. Jul. 1984)
NFP-105.10/105.20 (Rev. 1986)

JIM EDGAR
Secretary of State
State of Illinois

File # N-3360-446-7

Submit in Duplicate

Remit payment in Check or Money
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State".

DO NOT SEND CASH!

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

This Space For Use By Secretary of State	
Date	
Filing Fee	\$5
Clerk	<i>[Signature]</i>

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.

- The name of the corporation is American Medical Record Association
- 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	<u>Rita</u>	<u>M.</u>	<u>Finnegan</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

Registered Office	<u>875 N. Michigan Ave., Suite 1850</u>
	<small>Number Street Suite No. (A P.O. Box alone is not acceptable)</small>

<u>Chicago, IL</u>	<u>60611</u>	<u>Cook</u>
<small>City</small>	<small>Zip Code</small>	<small>County</small>

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

Registered Agent	<u>Rita</u>	<u>M.</u>	<u>Finnegan</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

Registered Office	<u>919 N. Michigan Ave., Suite 1400</u>
	<small>Number Street Suite No. (A P.O. Box alone is not acceptable)</small>

<u>Chicago, IL</u>	<u>60611</u>	<u>Cook</u>
<small>City</small>	<small>Zip Code</small>	<small>County</small>

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)

- 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 _____, 19____ (Exact Name of Corporation)

attested by _____ by _____
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice 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 Nov. 13, 19 89 [Signature]
(Signature of Registered Agent of Record)

FILED
NOV 29 1989
Secretary of State's
Corporation Department

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