EMENT OF CHANGE Form **BCA-5.10** OF REGISTERED AGENT NFP-105.10 5248-618-1 AND/OR REGISTERED OFFICE (Rev. Jan. 1991) SUBMIT IN DUPLICATE George H. Ryan Secretary of State This space for use by Department of Business Services Secretary of State Date 8-6-91 Springfield, IL 62756 AUG 0 6 1991 Telephone (217) 782-6961 Filing Fee \$5 Remit payment in check or money GEORGE H. RYAN order, payable to "Secretary of State." Approved: SECRETARY OF STATE Barbara A. Healy, Ltd. CORPORATE NAME: 1. STATE OR COUNTRY OF INCORPORATION: \_ Illinois 3. Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (Beinge Change): Clark, Jr. Registered Agent \_ Middle Name Last Name 29 South LaSalle Street Registered Office 830 Number Suite No. (A P.O. Box alone is not acceptable) Street 60603 Chicago Cook Zip Code City County Name and address of the registered agent and registered office shall be (After All Changes Herein Reported): 4. William Clark, Jr. Registered Agent \_ First Name Midr.ie i lame Last Name 350 North LaSalle Street 800 Registered Office \_ Number 1 G Suite No. (A P.O. Box alone is not acceptable) Chicago 60610 Cook Zip Code County The address of the registered office and the address of the business office of the registered agent, as 5. changed, will be identical. . The above change was authorized by: ("X" one box only) a. 

By resolution duly adopted by the board of directors. (Noie 5) b. By action of the registered agent. (Note 6) NOTE: When the registered agent changes, the signatures of both President and Secretary are required. (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 affirms, under penalties of perjury, that the facts stated herein are true. Dated . (Exact Name of Corporation) attested 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 (Signature of Registered Agent of Record)

## **UNOFFICIAL COPY**

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William G. Clark MASSOC 350 N. LOSAILE - 800 Chicago, Il 60610