Form **BCA-5.10** NFP-105.10

OF REGISTERED AGENT AND/OR REGISTERED OFFICE

AUG1 3 1991

GEORGE H. RYAN

File SUBMIT IN DUPLICATE

Date

Filing Fee

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(Rev. Jan. 1991)

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George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-6961

Remit payment in check or money

SECRETARY, OF STATE

| ord | der, payable to "Secretary of State." | Approved: 5% |
|------|--|--|
| 1. | CORPORATE NAME: HILLTOP CABINET DISTRIBUTORS, | , INC. |
| 2. | STATE OR COUNTRY OF INCORPORATION: | |
| 3. | Name and address cittle registered agent and registered office as of the Secretary of State (Defore Change): | s they appear on the records of the office |
| | Registered Agent Joseph P. Della Maria, Jr. | |
| | First Name Two First National Plaza, Sui Registered Office 20 South Clark Street | |
| | Number Street | Suite No. (A P.O. Box alone is not acceptable) |
| | Chicago, Zz. 60603 City Zip Code | Cook County |
| 4, | Name and address of the registered agent and registered office shall | County be (After All Changes Herein Reported) |
| | Registered Agent Joseph P. Della Meria, Jr. | · · |
| | First Name //iddle Name | Last Name 🔭 |
| | Registered Office 55 West Monroe Street, Nerox | Centre, Suite 3900 |
| | Number Si ee' | Suite No. (A P.O. Box alone is not acceptable) |
| | Chicago, IL 60603 | Cook County |
| _ | City Zip Code | County |
| 5. | The address of the registered office and the address of the busi | iness office of the registered agent, as |
| | changed, will be identical. | T_{c}^{\prime} |
| 6. | The above change was authorized by: ("X" one box only) | 0. |
| | a. By resolution duly adopted by the board of directors. | (Note 5) |
| | b. 🖾 By action of the registered agent. | (Note 6) |
| 10. | OTE: When the registered agent changes, the signatures of both Pre | esident and Secretary are required. |
| 7. | (If authorized by the board of directors, sign here. See Note 5) | |
| | The undersigned corporation has caused this statement to be signe | d by its duly authorized officers, each of |
| who | om affirms, under penalties of perjury, that the facts stated herein are | e true. |
| Date | ` | |
| | ted19,18 | (Exact Name of Corporation) |
| atte | ested by | |
| | | eature of President or Vice President) |
| ^ ' | (Type or Print Name and Title) | (Type or Print Name and Title) |
| If c | change of registered office by registered agent, sign here. See Note of The undersigned, under penalties of perjury, affirms that the facts s | 6) |
| | the undersigned, under penalties of perjury, affirms that the facts s | stated herein are true |
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