

# UNOFFICIAL COPY

Form **BCA-5.10**  
**NFP-105.10**

## STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

File #

3360-4467

(Rev. Jan. 1991)

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

# FILED

OCT 08 1991

91635109

GEORGE H. RYAN  
SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by  
Secretary of State

Date 10-8-91

Filing Fee \$ 5

Approved: *JK*

1. CORPORATE NAME: American Medical Record Association DEPT-DI RECORDINGS \$13.00  
T48888 TRAN 8342 12/31/91 16:37:00
2. STATE OR COUNTRY OF INCORPORATION: Illinois 19539 IF \* 91-695109  
COOK COUNTY RECORDER

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 (Before Change):

Registered Agent Rita M Finnegan  
First Name Middle Name Last Name

Registered Office 919 N. Michigan Ave. Ste 1400  
Number Street Suite No. (A P.O. Box alone is not acceptable)

Chicago 60611 Cook  
City Zip Code County

4. Name and address of the registered agent and registered office shall be (After All Changes Herein Reported):

Registered Agent Pamela K Wear X  
First Name Middle Name Last Name

Registered Office 919 N. Michigan Ave. Ste 1400 X (16)  
Number Street Suite No. (A P.O. Box alone is not acceptable)

Chicago 60611-1683 Cook X  
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)

NOTE: When the registered agent changes, the signatures of both President 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 signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated 9/3 19 91 American Medical Record Association

attested by Pamela K. Wear by Jennifer Cofer  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

Pamela K. Wear, MBA, RRA Jennifer Cofer, RRA, 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 9/3 19 91 Pamela K. Wear  
(Signature of Registered Agent of Record)

OFFICIAL SEAL  
KELLEY O'CONAN  
NOTARY PUBLIC, STATE OF ILLINOIS

Kelley O'Conan 9/3/91

UNOFFICIAL COPY

Property of Cook County Clerk's Office

60736116

13<sup>00</sup>