BCA-5.1 92049744 OF REGISTERED AGENT NFP-105.10 AND OR REGISTERED OFFICE File # 15485~462-5 SUBMIT IN DUPLICATE George H. Ryan This space for use by Secretary of State Secretary of State Department of Business Services Date Springheld, IL 62756 Telephone (217) 782-6961 \$ 5 Filing Fee Remit payment in check or money Approved order, payable to "Secretary of State. CORPORATE NAME: Textile Care Consulting. Illinois STATE OR COUNTRY OF INCORPORATION: 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 (Sefore Change): Pau1 Kokerbeck Registered Agent First Marie Last Name Middle Name 161 E Chicago Avenue Suite H17 Registered Office: Suite No. (A.P.O. Box alone is not acceptable) Number Street Chicago 60611 Cook Zip Code City County Name and address of the registered agent and registered office shall be (After All Changes Herein Reported): Kokerbeck н. Paul Registered Agent. First Name Middle Name Last Name 420 East Ohic Street Suite 10E Registered Office -Suite No. (A.P.O. Box alone is not acceptable Sire It Number Chicago 60611 Cook 3 Zip Code City 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) 6. (Note 5) a. D By resolution duly adopted by the board of directors. b. S 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 November 22 19.91 le Care nsulbing tested by (Signature of President or Vice President) (Signature of Secretary or Assistant Secretary) H. Paul Kokerbeck, Secretary Kokerbeck, President H. Paul (Type or Print Name and Title) (Type or Prin Name and Title) change of registered office by registered agent, sign here. See Note 6) The undersigned, under penalties of perjury, affirms that the facts stated he November 22 Dated 19._ MAIL TO BISHOP, ROSSI, GARLY & SCARLATE (Signature of Registered Agent of Record) 1315 W. Jand St., Suite 300

LAK BRUCK IL 60521

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NOTES

- 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.
- The registered office must include a street or road address, a post office box number alone is not acceptable 2.
- A corporation balance act as its own registered agent. 3.
- If the registered office is changed from one county to another, then the corporation must file with the recorder 4. of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
- Any change of registered agent must be by resolution adopted by the board of directors. This statement must 5. then be signed by the President (occioe-president) and by the Secretary (or an assistant secretary).
- The registered agent may report a change of the registered office of the corporation for which he or she is chan. registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

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\$25,58 COOK LOWER RECORDER

