UNOPTOPAL COPTION STATEMENT OF CHANGE

Form **BCA-5.10** NFP-105.10

OF REGISTERED AGENT AND/OR REGISTERED OFFICE

SUBMIT IN DUPLICATE

(Rev. Jan. 1991)

100

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

APR 2 1 1992

This space for use by Dale 423-94

Filing Fee

Remit payment in check or money

GEORGE H. RYAN CRETARY OF STATE

oro	ter, payable to "Secretary of States" 3	ECKEIANT OF ST	/ 1 / M	Approved.	
्या <u>ः</u> 1.	CORPORATE NAME: AME	RICAN PROPER	TY MANAGE	MENT OF ILLINOIS	Inc.
٠.					<u></u>
2.	STATE OR COUNTRY OF INC	ORPORATION:	COUN COUN	TY ILLINOIS	
3.	Name and address of the registe of the Secretary of State (Fefore		stered office as th	ney appear on the records of	of the office
		TONY		-Puuu	O- C
	Registered Agent	N'aino	Middle Name	Last Name	
	Registered Office	16 CUP	STERFURD I	DR.	
	Nun	nbor	Stroot	Sulte No. (A P.O. Box alone is not a	•
	. <u>Sch</u>	IAUMBUR 2	60194		
4.	Name and address of the register	ity red agent and registe	Zip Code gred office shall be	County e (After All Changes Herein	Reported):
		ONY		Pul	•
	First I		Viridle Name	Lasi Name	
	Registered Office 330	3 NEW MILL	s C74		×A
	Nun	ıber	Stroat	Suite No. (A P.O. Box alone is not a	cceptable) (
	. Sch	AUMBURG]	TL 6019	Co	0/< Z
	Ci	ly	Zip Code	County	
5.	The address of the registered of changed, will be identical.	office and the addre	ss of the busine	ss office of the registered	agent, as
c		nd by: /"Y" and box	anlu)	0.	
 6. The above change was authorized by: ("X" one box only) a. □ By resolution duly adopted by the board of directors. (Note 5) 					
	b. Sy action of the registere	•		(Note 6) 923510	016
NO.	TE: When the registered agent of		es of both Presid	dent and Secretary are req	uired.
7.	(If authorized by the board of dir	•			
• •	The undersigned corporation has	_	•	ov its duly authorized officer	s, each of
who	om affirms, under penalties of perju				,
Date	and 4-16-92	19	ERICAN PAG	PERTY MANAGEMEN	IT OF ILLI
₩ QII	AR			xact Name of Corporation)	T.
attes	sted by	Specific by.	Jony	7 min	
	Signature of Secretary or Assista	ant Secretary)	- (Signalui	re of President or Vice President)	e.17-
	(Type or Print Name an	d Tille)	· (Ty	UDOS PRESIDA pe or Print Name and Tille)	<u> </u>
/H cl			re Soe Note 6)	,	
(II C	hange of registered office by regis. The undersigned, under penalties			ted herein are true.	
D-4-	(1 11 - 01	19	Town	Dullos	
Date	*U			e of Registered Agent of Record)	
			1-3	·	

UNOFFICIAL: ©OPY

DEPT-01 RECORDING \$23.0 T#1010 TRAN 2925 05/20/92 15:11:00

\$8907 \$ 15 #-92-351016

COOK COUNTY RECORDER

Property or Cook County Clerk's Office