## BCA-5.10 STATEMENT DACHAGE FOR OF REGISTERED AGENT

NFP-105.10

AND/OR REGISTERED OFFICE

(Rev. Jan. 1991)

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

Remit payment in check or money order, payable to "Secretary of State."

AUG 1 6 1993

GEORGE H. RYAN SECRETARY OF STATE

SUBMIT IN DUPLICATE

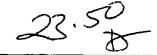
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Date

Filing Fee

Approved:

1.	CORPORATE NAME:	Resurrection Ho	<u>spital Auxiliar</u>	<u>Y</u>	
2.	STATE OF COUNTRY C	F INCORPORATION:	Illinois		
					- 411
3.	of the Secretary of State		istered onice as th	ey appear on the records of th	e office
•		* /^,	V '	Standard Back	
	Registered Agent	Mary First Name	K . Middle Name	Stretch Root Last Name	
	5	1916 H Nada		cast reame	
	Registered Office	Number		Suite No. (A P.O. Box alone is not accept	(able)
		Chicago, TL	60631-2427	Cook	,
		City	Zip Gode	County	
4,	Name and address of the r	egistered agent and regist	ered office shall be	: (After All Changes Herein Rep	orted):
•	Registered Agent .	Alane	Anne	Repa	
	riagistoraa rigani.	First Name	M.ddle Name	Last Name	
	Registered Office	7435 W. Talcott	45		
		Number	Straer	Sure No. (A.P.O. Box alone is not accept	taole)
	_	Chicago, IL	60631-374	Cook	
		City	Zip Code	County	
5.	changed, will be identical.		ess of the ousines	S diffice of the registered age  DF7.1~01 T\$\frac{1}{44}\tag{TRAN 5868 09/08/9} \$\frac{49215}{29205} \frac{4}{29205} \frac{4}{	
ŝ.	The above change was au	ithorized by: ("X" ane bax	only)	\$9205 + *-93-71	758
	a. MiniBy resolution duly	· ·	firectors.	Note Spak County Recorder	
	b. By action of the rec	,		Note 6)	
TOI	•		res of both Presid	ent and Secretary are required	d.
	(If authorized by the board			, 50	70
•				y its duly authorized officers, e	ach <b>Ce</b> i
/រំ០០វ	n affirms, under penalties o	of perjury, that the facts st	tated herein are tru	je.	71
	d June 8,	10 03	Resummention	Hospital Auxiliary	
)ate	0 <u>valle 0,</u>	19, <u>93</u>	7,000	aci Mane of Corporation)	<u> </u>
rtae	ted by <u>Carmeric</u>	a Cale me	Meren	X. Danker	တ
uça	(Signature of Secretary of	or Assistant Secretary)	(Signature	at President or Vice President)	
	Carmelita Co	ole, Secretary	Theresa Les	cher, President	
	(Type or Print I	Name and Title)	(Тур	e or Print Name and Title)	
	ange of registered office by				
	The undersigned, under pe	nalties of perjury, affirms	that the facts state	ed herein are true.	
ated	4	19			
aici	J		Signature	ol Registerea Agent of Record)	
			,- ,	* *	



## UNOFFICIAL COPY

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.
- 2. The registered office must include a street or road address, a post office box number alone is not acceptable.
- 3. A corporation cliniot act as its own registered agent.
- 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 then be signed by the President (or vicu-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 registered agent. When the agent reports such a change, this statement must be signed by the registered ounit Clark's Office agent.

C-135.8

After Recording Return To:

RITA MILCARES LORD, BISSELL & BROOK 115 S. LaSelle Street Chicago, Illinois 60003