## 93049748

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Form BCA-5.10 NSATEMENT OF CHANGEO

NFP-105.10

## OF REGISTERED AGENT AND/OR REGISTERED OFFICE

93049748

File 5633-420-3

(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

FILED

DEC 2 9 1992

GEORGE H. RYAN SECRETARY OF STATE SUBMIT IN DUPLICATE

Date

Filing Fee

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order.	, payable to "Secretary of State."	<u> </u>	التشفيات ويسوون ويجبري ببوري ويورون	Approved.	
1.	CORPORATE NAME:	London Underwriter	es Agency Inc.		
2.	STATE OR COUNTRY OF	INCORPORATION:	Illinois		
3.	of the Secretary of State (	egistered agent and re Colore Change) : Zan M. Scott	egistered office as	they appear on the records of th	e office
•	Registered Agent _	First (an)	Midale Name	Las: Namo	9
-	Registered Office _	1827 Welden Of	Sireat	Suite No. (A P.O. Box alone is not acce	plable
4.	Name and address of the re	Schaumburg City egistered agent and re	60173 Zip Code gistered office shall	Gook County be (After All Changes Herein Re	
	Registered Agent -	Louin F. Schauer First Name	Aridie Name	Last Name	16457 i 1 1 1 1 1 1 1 -
	Registered Office	115 South LaSall	s Street Sire I	Suite No. (A P.O. Box alone is noi acce	ptable)
	-	Chicaro Gity	60603 Zip Gode	Goak County	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
5. 6.	The address of the registered office and the address of the busin changed, will be identical.  The above change was authorized by: ("X" one box only)  a. X By resolution duly adopted by the board of directors.			ness office of the registered at the control of the registered at the control of	*23. 93-15:12:00
7.	(If authorized by the boar	gent changes, the sig d of directors, sign he on has caused this sta	<i>re. S<del>ee</del> Note 5)</i> atement to be signe	esident and Secretary are required by its duly authorized officers.	
	Louis F. Schau	19, 92  Of Accident Secretary  Name and Title)	by	nderwriters Agency Inc. (Esact Name of Corporation)  A Corporation  A Corporation	
(If c	hange of registered office to The undersigned, under p	ny registered agent, si enalties of perjury, aff	gn here. See Note irms that the facts	6) stated herein are true.	
Date	ed	19,	(Sign	witure of Registered Agent of Record)	

## **UNOFFICIAL COPY**

Proberty of County Clerk's Office

After Recording Return To:

RITA MILCARLE

LORD. Bases & BROOK 115 S. C.S. & Stand Chicago, Illinois 60603

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