## **UNOFFICIAL COPY**

95477530

FILONY 54387-41-3

NFP-105.10

(Hev. Jap. 1995)

George H. Flyan Secretary of State Department of Business Services Springheld, IL. 62756 Telephone (217) 782-3647

STATEMENT OF
CHANGE
OF REGISTERED AGENT
AND/OR REGISTERED
OFFICE

DEPT-01 RECORDING 123.50
T\$0008 YRAN 9319 07/21/95 13:44:00
11126 # JES # 95-477530
COOK POUNTY RECORDER

	SUBMIT IN DUPLICATE
111 2 1995	This space for use by Secretary of State  Date  Filing Fee \$ 5  Approved:
GEORGE H. KTAN SECRETARY OF STA	TERemit payment in check or money order, payable to "Secretary of State."

CORPORATE NAME: FIVE HOSPITAL FOUNDATION STATE OR COUNTRY OF INCORPORATION: 2. 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): THOURS CIRKPATRICK Registered Agent --First Name Middle Name 600 w. DIVERSEY SUITE Registered Office -Suite No. (A P.O. Box alone is not acceptable) Number Street CHICAGO (206/4 C001C Zip Code County City Name and address of the registered agent and registered office shall be (after all changes herein reported): KRUPA 6. DAVID > Registered Agent Middle Name Last Name หี้เริย Name N. SHETFIELD Hogistoned Office Suite No. (A P.O. Box alone is not acceptable) Street Number 6065 7 CHICAGO COOK Zip Code County City

## **UNOFFICIAL COPY**

5.	The address of the registered office and the address of will be identical.	I the business office of the registered agent, as changed
Ĝ,	The above change was authorized by: ("X" one box	only)
	a. K By resolution duly adopted by the board of di	rectors. (Note 5)
	b.     By action of the registered agent	(Note 6)
NO	FE: When the registered agent changes, the signatur	res of both president and societary are required
7. who	(If authorized by the Leard of directors, sign here. S The undersigned corplaction has caused this statem m affirms, under penalties of perjury, that the facts st	ent to be signed by its duly authorized officers, each of
Date	nd MAY 31 0 19.95	FINE HOSPITAL FORMSATION
atte	sted by Secretary or Assistant Secretary)	FINE HOSPITAL FORMATION  (Exact Name of Corporation)  (Signature of Vice Presidents
	(Type or Print Name and Title)	(Type or Print Name and Title)
(If c	hange of registered office by registered agent, sign he The undersigned, under penalties of perjury, affirms	
Date	ed 19.	
		(Signaure of Registered Agent of Record)
		Op,

## **NOTES**

- 1. The registered office may, but need not be the same as the principal office of the conjugation. 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 alor e is not acceptable.
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to another, then the corporation must tile with the recorder 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.
- 5. 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 vice-president) and by the secretary (or an assistant secretary).
- 6. The registered agent may report a change of the registered 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 agent.