

Form **BCA-5.10**
NFP-105.10

(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."

**STATEMENT OF CHANGE
OF REGISTERED AGENT
AND/OR REGISTERED OFFICE**

95557400

File # 242-8416

SUBMIT IN DUPLICATE

FILED

AUG -4 1995

GEORGE H. RYAN

SECRETARY OF STATE

This space for use by
Secretary of State

Date 8/4/95

Filing Fee \$ 5

Approved: [Signature]

1. CORPORATE NAME: TRE Medical, Ltd.

2. STATE OR COUNTRY OF INCORPORATION: Illinois

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 (Before Change):

Registered Agent: John I. Eisel
First Name Middle Name Last Name
Registered Office: 225 W. Wacker Drive, Suite 2800
Number Street Suite No. (A P.O. Box alone is not acceptable)
Chicago 60606 Cook
City Zip Code County

4. Name and address of the registered agent and registered office shall be (After All Changes Herein Reported):

Registered Agent: Dean J. Leffelman
First Name Middle Name Last Name
Registered Office: 4300 Commerce Court, Suite 320
Number Street Suite No. (A P.O. Box alone is not acceptable)
Lisle 60532 DuPage
City Zip Code County

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: ("X" one box only)

a. ☒ By resolution duly adopted by the board of directors. (Note 5)

b. ☐ By action of the registered agent. (Note 6)

NOTE: When the registered agent changes, the signatures of both President and Secretary are required.

7. (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 6/17 1995 TRE MEDICAL LTD.
(Exact Name of Corporation)

attested by Martin R Gallo by James S. Jewks
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)
MARTIN R GALLO Sec/Treas JAMES S. JEWKS PRES.
(Type or Print Name and Title) (Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated _____ 19____

(Signature of Registered Agent of Record)

Box 195
J. Eisel

23/10

UNOFFICIAL COPY

NOTES

1. 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 cannot act as its own registered agent.
4. If the registered office is changed from one county to another, then the corporation must file 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 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 agent.

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COOK COUNTY RECORDER

4008 4 JJ *-95-557400

140003 TRAM 2607 08/23/95 09:1300

DEPT-01 RECORDING

23.00

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