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Form **BCA-5.10**
NFP-105.10

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

File # DS91 K13

(Rev. Jan. 1991)

FILED

SUBMIT IN DUPLICATE

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

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

JUL 12 1995

GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State

Date

7/12/95

Filing Fee

\$ 5

Approved:

[Signature]

1. CORPORATE NAME: CRESTWOOD INSURANCE AGENCY, 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 WILLIAM P. BUTCHER
First Name Middle Name Last Name

Registered Office 17450 S. HALSTED 2NW
Number Street Suite No. (A P.O. Box alone is not acceptable)
HOMERWOOD IL 60430 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 PATRICIA A. O'KEEFE
First Name Middle Name Last Name

Registered Office 3425 WOODLAND DR. X
Number Street Suite No. (A P.O. Box alone is not acceptable)
OLYMPIA FIELDS, IL 60451 COOK DL
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 6-19 1995 CRESTWOOD INSURANCE AGENCY, LTD.

attested by [Signature] by [Signature]
 (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)
Secretary President
 (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 MAY 30 1995 William P. Butcher

(Signature of Registered Agent of Record)

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Crestwood Insurance Agency, Ltd
4738 West 147th Street
Midlothian, IL 60445



Property of Cook County Clerk's Office

. DEPT-01 RECORDING \$23.50
. T#6666 TRAN 0212 09/19/95 09:31:00
. \$7155 + RC *-95-627379
. COOK COUNTY RECORDER

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