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File # D 5047-226-4

Form **BCA-5.10** NFP-105.10

(Rev. Jan. 1995)

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

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

SEP -6 1995

EJECURGE H. RYAN SECRET SRY OF STATE DEPT-01 RECORDING

\$23.50

T#0003 TRAN 4140 09/19/95 14:31:00 #6357 # J.J. *-95-631051

COOK COUNTY RECORDER

SUBMIT IN DUREICATE

This space for use by Secretary of State

Date

Filing Fee

Approved:

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

1.	CORPORATE NAME: —	HAND SURGERY, LTD., S.C. 93631051			
2.	STATE OR COUNTRY OF	TLEINOIS			
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): Pennis J. Gallitano Registered Agent				
	Registered Office -	First Name Middle Name Last Name 3 First National Plaza Suite 3500			
		Number Street Suite No. (A P.O. Box alone is not acceptable) Chicago, Illinois 60602 Cook			
4 .	City Zip Code County Name and address of the registered agent and registered office shall be (after all changes herein reported) Registered Agent Drew J. Scott				
	Registered Office -	First Name Middle Name Last Name Vedder, Price, Kaufman & Kammholz			
		Number Street Suite No. (A P.O. Box alone is not acceptable) 222 North LaSalle Street Suite 2400			
	-	City Zip Code County Xolb Chicago, Illinois 60601 Cook			

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5.		e address of the registered office and the addres I be identical.	s of the business office of the registered agent, as change
6.	Th	e above change was authorized by: ("X" one b	oox only)
	a.	IX By resolution duly adopted by the board of	of directors. (Note 5)
	b.	By action of the registered agent.	(Note 6)
NOT	E:	When the registered agent changes, the sign	atures of both president and secretary are required.
7.		authorized by the board of directors, sign here	· · · · · · · · · · · · · · · · · · ·
who	Th		tement to be signed by its duly authorized officers, each
Date	ed	8/15-19,95	HAND SURGERY LTD., S.C.
attes	**	1 lot 1 V C. Man	by Signature of Vice President)
		ROBERT R. SCHENCK 90	ROBERT R. SCHENCK, MD
		(Type or Print Name and Title)	(Type or Print Name and Title)
(If ci		ge of registered office by registered agent, sign a undersigned, under penalties of perjury, affire	
Date	d _	19,	
			(Signature of Registered Agent of Record)

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 arong 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.

 Please return to: Ms. Gina Nuzzo

Vedder, Price, et al.

222 N. LaSalle St., Suite 2600

Chicago, IL 60601

