

UNOFFICIAL COPY

Form **BCA-5.10**
NFP-105.10

STATEMENT OF CHANGE
OF REGISTERED AGENT
AND/OR REGISTERED OFFICE

95198616
D5623-534-9

(Rev. Jan. 1991)

FILED

SUBMIT IN DUPLICATE

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-6961

FEB - 3 1995

GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State

Date 2/1/95
Filing Fee \$ 5
Approved: VM

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

1. CORPORATE NAME: SISTERS SYNDICATE CO.

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 ET Corporation System
First Name Middle Name Last Name
Registered Office 208 S. LaSalle Street
Number Street Suite No. (A.P.O. Box alone is not acceptable)
Chicago IL 60604 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 Randall S. Kulac Y
First Name Middle Name Last Name
Registered Office 222 North La Salle Street Y
Number Street Suite No. (A.P.O. Box alone is not acceptable)
Chicago IL 60601 Cook 206
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) 95198616
- 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 1/25 19 95 SISTERS SYNDICATE CO.

attested by _____ by Andrea Lee Negroni
(Signature of Secretary or Assistant Secretary) (Exact Name of Corporation) (Signature of President or Vice President)

Andrea Lee Negroni Lorie Christine Negroni
(Type or Print Name and Title) (Type or Print Name and Title)

ANDREA LEE NEGRONI, SECRETARY LORIE CHRISTINE NEGRONI, PRESIDENT
(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)

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DEPT-01 RECORDING

\$23.50

T#5555 TRAM 6119 03/24/95 10:43:00

#0647 # JJ *-95-195616

COOK COUNTY RECORDER

Property of Cook County Clerk's Office

95195616



Return to:

Randall S. Kulat
222 N. LaSalle

#1900

Chicago, IL 60601