

Form **BCA-5.10**
NFP-105.10

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

95221484

File # D 5341-539-3

(Rev Jan. 1991)

SUBMIT IN DUPLICATE

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."

FILED

FEB 28 1995

GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State
Date 2/28/95
Filing Fee \$ 5
Approved: WR

1. CORPORATE NAME: Hand Therapy, 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	Dennis J. Gallitano
	First Name Middle Name Last Name
Registered Office	3500 Three First National Plaza
	Number Street Suite No. (A P.O. Box alone is not acceptable)
	Chicago 60601 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	Drew J. Scott
	First Name Middle Name Last Name
Registered Office	222 N. LaSalle Street 2600
	Number Street Suite No. (A P.O. Box alone is not acceptable)
	Chicago 60601 Cook
	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.
b. By action of the registered agent.

DEPT-01 RECORDING \$23.50
 T50001 TRAN 4185 04/03/95 13:16:00
 (ADDRESS) SK *95-221484
 COOK COUNTY RECORDER
 (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 February 15 19 95 Hand Therapy, Ltd.

attested by Robert R. Schenck by Robert R. Schenck
 (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)
 Robert R. Schenck, Secretary Robert R. Schenck, 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 _____ 19_____
(Signature of Registered Agent of Record)

WR

95221484

REC'D 155 100

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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R DEPT-01 RECORDING \$23.50
 T#0003 TRAN 4165 04/03/95 13:16:00
 #2060 # SK *-95-221484
 COOK COUNTY RECORDER

95221484

Please return to:

Ms. Gina Nuzzo
 Vedder, Price, Kaufman & Kammholz
 222 N. LaSalle St., Suite 2600
 Chicago, IL 60601



Cook County Clerk's Office