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Form **BCA-5.10**
NFP-105.10

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

File # 862-222-5

(Rev. Jan. 1991)

FILED

SUBMIT IN DUPLICATE

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

DEC 30 1994

This space for use by
Secretary of State

Date 11/30/94

Filing Fee \$ 5

Approved: CM

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

GEORGE H. RYAN
SECRETARY OF STATE

1. CORPORATE NAME: BARI CAB COMPANY

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	<u>TONY ZUCCARO</u>		
	First Name	Middle Name	Last Name
Registered Office	<u>4251 W. IRVING PARK</u>		
	Number	Street	Suite No. (A P.O. Box alone is not acceptable)
	<u>chicago</u>	<u>60641</u>	<u>Cook</u>
	City	Zip Code	County

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

Registered Agent	<u>Martin R. Ryan</u>		
	First Name	Middle Name	Last Name
Registered Office	<u>4860 N. Clark st.</u>		
	Number	Street	Suite No. (A P.O. Box alone is not acceptable)
	<u>Chicago</u>	<u>60640</u>	<u>Cook</u>
	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)

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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 December 20 19, 94 BARI CAB CO.

(Exact Name of Corporation)

attested by [Signature]
(Signature of Secretary or Assistant Secretary)

by [Signature]
(Signature of President or Vice President)

FARIBORZ ILKCHI SEC.
(Type or Print Name and Title)

HABIB ILKCHOLI PRESIDENT
(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)

23/90
[Signature]

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Property of Cook County Clerk's Office

. DEPT-01 RECORDING \$23.00
. T4003 TRAM 5004 04/25/95 09:12:00
. 43866 4 DF *-95-270643
. COOK COUNTY RECORDER

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