Form BCA-5.10 ENT OF CHANGE OF REGISTERED AGENT NFP-105.10 AND/OR REGISTERED OFFICE ²(Rev. Jan. 1991) SUBMIT IN DUPLICATE George H. Ryan Secretary of State This space for use by Départment of Business Services Date Springlield, IL 62756 FEB 2 1 1996 Telephone (217) 782-3647 Filing Fee Remit payment in check or money GEORGE H. RYAN order, payable to "Secretary of State." Approved: SECRETARY OF STATE TRUST CORPORATE NAME: CO., INC STATE OR COUNTRY OF INCORPORATION: ILLINOIS 2. Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (hufore change): Registered Agent THOMA Firs Nor Middle Name Registered Office Number Suite No. (A P.O. Box alone is not acceptable) 60603-1207 Zip Code County Name and address of the registered agent and registered office shall be (after all changes herein reported): 4. COLEMAN HE Registered Agent __ First Name 'xicir'le Name Last Name DINCOLN Registered Office Suite No. (A P.O. Box alone is not acceptable) Won The address of the registered office and the address of the business office of the registered agent, as 5. changed, will be identical. The above change was authorized by: ("X" one box only) a. 3 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. (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. JANUARY : 15 1996 ME + CO., INC. TRUST Dated ____ attested by (Signature of Secretary or Assistant Secretary) Signature of President of Vice President) JECRETARY 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. JANUARY 15 Dated (Signature of Registered Agent of Record)

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BEIDI WEITMANN COLEMAN ATTORNEY AT LAW 6865 N. LINCOLN AVENUE LINCOLNWOOD, ILLINOIS 60646

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