## **UNOFFICIAL CORY**

2318/0152 51 001 Page 1 of 1998-10-14 16:41:50 Cook County Recorder

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File # 5 6 37 - 133 - 8



Form **BCA-5.10** NFP-105.10

(Rev. April 1995)

George H. Ryan Secretary of State Department of Business Sarvices Springfield, IL 62756 Telephone (217) 782-3647 http://www.sos.state.il.us

CHANGE

**OFFICE** 

PAID SEP 1 8 1998

STATEMENT OF OF REGISTERED AGENT SEP 1 / 1998 **AND/OR REGISTERED** 

GEORGE H. PIAN SECRETARY OF STATE SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

9-14-98

Filing Fee \$ 5 Approved: 

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

Type or print in black ink of See reverse side for signature(s)

| 1.  | CORPORATE NAME:   | Ultrasoun                     | d, Inc.           | T'6                               |  |
|---|---|-------------------------------|-------------------|-----------------------------------|--|
| 2.  | STATE OR COUNTRY OF   | FINCORPORATION                | : Illinois        | O <sub>S</sub>                    |  |
| 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 -  | Thomas E, Mille<br>First Name | er<br>Middle Name | Last Name                         |  |
|   | Registered Office -   | 110 74th Stree                |                   | ). Box alone is not acceptable) / |  |
|   |   | Darien, IL 60                 | •                 | / DuPage                          |  |
|   | •   | City                          | ZIP Code          | County                            |  |
| (A.)  | Name and address of the registered agent and registered office shall be (after all changes herein reported  |                               |                   |                                   |  |
| Registered Agent <u>Harold E. Collins</u> First Name Middle Name Last N |   |                               |                   | Last Name                         |  |
|   | <b>.</b>  |                               |                   | i                                 |  |
|   | Registered Office 332 South Michigan Avenue, Suite 605 (2)  Number Street Suite No. (A P.O. Box alone is not acceptable)                              |                               |                   |                                   |  |
|   |   | Chicago,                      |                   | Cook                              |  |
|   |   | City                          | ZIP Code          | County                            |  |

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| 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)                                  |  |  |  |  |
|   |  |   |  |  |  |  |
| NOTE: When the registered agent changes, the signatures of both president and secretary are required.       |  |   |  |  |  |  |
| 7. (If authorized by the craid of directors, sign here. See Note 5)   |  |   |  |  |  |  |
| The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of |  |   |  |  |  |  |
| who   | m affirms, under penalties of perjury, that the facts stated her   |   |  |  |  |  |
| Date  | ed September 5, 19,98  | Ultrasound, Inc.                          |  |  |  |  |
|   |  | (Exact Name of Corporation)               |  |  |  |  |
| attested by Benjamen Dalea by Komes G. Willes   |  |   |  |  |  |  |
|   | (Signature of Secretary or Assistant Secretary)  | Signature of President or Vice President) |  |  |  |  |
|   | Benjamen Sales, Secretary  | Thomas E. Miller, President               |  |  |  |  |
|   | (Type or Print Name and Title)   | (Type or Print Name and Title)            |  |  |  |  |
|   |  |   |  |  |  |  |
| (if ci  | hange of registered office by registered agent, sign here. See<br>The undersigned, under penalties of perjury, affirms that the    |   |  |  |  |  |
|   | The undersigned, drider penalities of penjury, annities that the   | ACIS Stated Hotelli are true.             |  |  |  |  |
| Date  | od 19,   |   |  |  |  |  |
|   | (8   | Signature of Registered Agent of Record)  |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  |   |  |  |  |  |
|   | NOTES  |   |  |  |  |  |
|   | NOTES  | 7   |  |  |  |  |

- 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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STATE OF ILLINO'S
Office of the Secretary of State
I hereby certify that this is a true and correct copy, consisting of pages, as taken from the original on file in this office.

Swage H Ryan

George H. Ryan Secretary of State

DATED October 02,1998

BY: Butan Espera

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