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RECORDER EUGENE "GENE" MOORE File # N 5291-367-5 MARKHAM OFFICE

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Form **BCA-5.10** NFP-105.10

(Rev. April 1995)

George H. Ryan Secretary of State Department of Business Services Springfield_IL 62756_ Telephone (217) 782-3647 http://www.sos.state.il.us

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



JUN 28 1999

JESSE WHITE CRETARY OF STA

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

Filing Fee S 5

Approved:

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

Type or print in black in See reverse side for sign-

of the Secretary of State (before change): Registered Agent First Name Number Street Number Street Gity Suite No. (A P.O. Box alone is not acceptable) ZIP Code Keen Kast Name Last Name Suite No. (A P.O. Box alone is not acceptable) ZIP Code County		
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 Registered Office Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) Gity ZIP Code Registered Agent Registered Agent Registered Agent Registered Agent Registered Office Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) Widdle Name Last Name Niddle Name Last Name Niddle Name Last Name Street Suite No. (A P.O. Box alone is not acceptable) Where Street Suite No. (A P.O. Box alone is not acceptable) Where Street Suite No. (A P.O. Box alone is not acceptable) Where Street Suite No. (A P.O. Box alone is not acceptable) Where Street Suite No. (A P.O. Box alone is not acceptable)	1.	
Agent Registered Agent Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) Registered Office Street Suite No. (A P.O. Box alone is not acceptable)	۷.	STATE OR COUNTRY OF INCORPORATION.
Registered Office Registered Office Street Suite No. (A P.O. Box alone is not acceptable)	3.	Ralphie (a Keen
A. Name and address of the registered agent and registered office shall be (after all changes herein reported) Registered Agent Registered Office Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) CHGO The Coological		Registered Office 11636 S. Halsted Last Name
4. Name and address of the registered agent and registered office shall be (after all changes herein reported) Registered Agent First Name Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) CHGO The Coologies Name Agent Last Name Last Name Number Street Suite No. (A P.O. Box alone is not acceptable)		Chicago IC 60628
Registered Agent First Name Middle Name Last Name Registered Office: 1/636 So. MASTES STREET Number Street Suite No. (A P.O. Box alone is not acceptable) CHGO The Colobs Colo	4.	Name and address of the registered agent and registered office shall be (after all changes herein reported):
Number Street Suite No. (A P.O. Box alone is not acceptable) CHGO II GOGDE CHGO		First Name Middle Name Last Name
		Number Street Suite No. (A P.O. Box alone is not acceptable)

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RECONCES AND STREET OF THE STR

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. 	(Note 5) (Note 6)			
	(14016-0)			
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	Ezian Bibe Church			
attested by Bourly J. Carin by Ru. B.	Exact Name of Corporation)			
	ure of President or Vice President)			
KEV. (HA	PRIES H. MICKEUS PASTOR			
(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,				
(Signatu	ure of Registered Agent of Record)			
NOTES	~/ <u>/</u>			
•	$\mathcal{T}_{\mathcal{O}}$			
 The registered office may, but need not be the same as the principal registered office and the office address of the registered agent must 	al office of the corporation. However, the st be the same.			
2. The registered office must include a street or road address; a post office box number alone is not acceptable.				
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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.

Any change of registered agent must be by resolution adopted by the board of directors. This statement must

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

then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).

agent.

3.

4.

A corporation cannot act as its own registered agent.