



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000506 1. Entity Name THE UNIVERSITY OF CHICAGO, INCORPORATED					
Principal Place of Business 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637				Mailing Address 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. Suite 503			
City & State		City & State		4. FEI Number 36-2177139	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDEL, DON MICHAEL 5801 SOUTH ELLIS AVENUE, STE 502 CHICAGO, IL 60637	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Robert J. Zimmer 5801 South Ellis Avenue, Ste 502 Chicago, IL 60637	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, BETH A 5801 SOUTH ELLIS AVENUE, STE 502 CHICAGO, IL 60637	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beth A. Harris 5801 South Ellis Avenue, Ste 503 Chicago, IL 60637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEHNKE, MICHAEL C 1116 EAST 59TH STREET, ROOM 165 CHICAGO, IL 60637	<input type="checkbox"/> Delete	000090770180 10/12/06--01020--006 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAFFE, KINERET S 5801 SOUTH ELLIS AVENUE, STE 501 CHICAGO, IL 60637	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLGATE, RANDY L 5801 SOUTH ELLIS AVENUE, RM 408A CHICAGO, IL 60637	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Beth A. Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Beth A. Harris		10/04/06 773-702-7243 <small>Date Daytime Phone #</small>

10/12/06