2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000000506

1. Entity Name
THE UNIVERSITY OF CHICAGO, INCORPORATED

Principal Place of Business	Mailing Address
5801 SOUTH ELLIS AVENUE SUITE 503 CHICAGO, IL 60637	5801 SOUTH ELLIS AVENUE SUITE 503 CHICAGO, IL 60637

DO NOT WRITE IN THIS SPACE

02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
36-2177139
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000664293
03/22/07-80037-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ZIMMER, ROBERT J
STREET ADDRESS	5801 SOUTH ELLIS AVENUE, STE 502
CITY-ST-ZIP	CHICAGO, IL 60637
TITLE	V
NAME	HARRIS, BETH A
STREET ADDRESS	5801 SOUTH ELLIS AVENUE, STE 503
CITY-ST-ZIP	CHICAGO, IL 60637
TITLE	V
NAME	BEHNKE, MICHAEL C
STREET ADDRESS	1116 EAST 59TH STREET, ROOM 165
CITY-ST-ZIP	CHICAGO, IL 60637
TITLE	S
NAME	JAFFE, KINERET S
STREET ADDRESS	5801 SOUTH ELLIS AVENUE, STE 501
CITY-ST-ZIP	CHICAGO, IL 60637
TITLE	V
NAME	HOLGATE, RANDY L
STREET ADDRESS	5801 SOUTH ELLIS AVENUE, RM 408A
CITY-ST-ZIP	CHICAGO, IL 60637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Beth A. Harris 3/08/07 773-702-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #