

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004672

FILED
Jul 05, 2007
Secretary of State

Entity Name: AMERICA'S SECOND HARVEST, THE NATION'S FOOD BANK NETWORK, INC.

Current Principal Place of Business:

35 EAST WACKER DRIVE, SUITE 2000
CHICAGO, IL 606012200

New Principal Place of Business:

Current Mailing Address:

35 EAST WACKER DRIVE, SUITE 2000
CHICAGO, IL 606012200

New Mailing Address:

FEI Number: 36-3673599 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD., #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CARTER, JUDY
Address: 8201 S. CONGRESS AVENUE
City-St-Zip: AUSTIN, TX 78745

Title: P () Delete
Name: ESCARRA, VICKI
Address: 35 EAST WACKER DRIVE, STE 2000
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: CHRISTOPHER, DORIS
Address: ONE PAMPERED CHEF LANE
City-St-Zip: ADDISON, IL 60101

Title: D () Delete
Name: DUNN, PETER
Address: 30 S. PENNSYLVANIA STREET
City-St-Zip: INDIANAPLIS, IN 46204

Title: D () Delete
Name: GOODMAN, ANN
Address: 15500 SOUTH WATERLOO ROAD
City-St-Zip: CLEVELAND, OH 441944413

Title: D () Delete
Name: FLOOD, MICHAEL
Address: 1734 E. 41ST STREET
City-St-Zip: LOS ANGELES, CA 90058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY LLOYD ON BEHALF OF ORGANIZATION

N/A

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date