

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90021 001 ****61.25

DOCUMENT # F93000003621

1. Entity Name

NATIONAL EASTER SEAL SOCIETY, INC.

Principal Place of Business

Mailing Address

230 W. MONROE ST
 SUITE 1800
 CHICAGO IL 60606
 US

230 W. MONROE STREET
 SUITE 1800
 CHICAGO IL 60606-4703
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2171729

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA EASTER SEAL SOCIETY, INC.
 1010 EXECUTIVE CENTER DR., STE. 231
 ORLANDO FL 32803

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FOJO, JOSE A.	
STREET ADDRESS	PO BOX 4132-N/A	
CITY-ST-ZIP	BAYAMON GARDEN STA., PR. PR009-58	
TITLE	D	<input type="checkbox"/> Delete
NAME	REV. MSGR. JOHN P. QUINN	
STREET ADDRESS	215 MYRTLE ST.	
CITY-ST-ZIP	MANCHESTER NH 03105-0686	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, ROBERT E	
STREET ADDRESS	C/O SAFEWAY INC. 201 4TH ST.	
CITY-ST-ZIP	OAKLAND CA 94660	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRANZ, BILL	
STREET ADDRESS	777 W ROSEDALE	
CITY-ST-ZIP	FT WORTH TX 76207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES E., JR.	
STREET ADDRESS	333 WOODLAND RD.	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTZ, SUZANNE M	
STREET ADDRESS	230 W MONROE ST	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Suzanne M Schultz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

312-551-7110

Daytime Phone #

CR2F037 (9/99)