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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004762 (8)

1. Corporation Name

STEVEN T. KIENLEN FOUNDATION, INC.



Principal Place of Business: 225 W. WASHINGTON SUITE 1300 CHICAGO IL 60606  
Mailing Address: 225 W. WASHINGTON SUITE 1300 CHICAGO IL 60606-3418

3. Date Incorporated or Qualified: 09/17/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 36-4100356  
Applied For: [Blank] / Not Applicable  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business: 21 [Blank] 22 [Blank] 23 [Blank] 24 [Blank] 25 [Blank]  
2a. Mailing Address: 26 [Blank] 27 [Blank] 28 [Blank] 29 [Blank] 30 [Blank]

9. Name and Address of Current Registered Agent

GIORGI, MICHAEL A  
9683 TAVERNIER DRIVE  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): 8589 SUNSET DRIVE  
83 [Blank]  
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	GIORGI, MICHAEL A	
STREET ADDRESS	9683 TAVERNIER DR.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	CS	<input type="checkbox"/>
NAME	KIENLEN, J L	
STREET ADDRESS	225 W. WASHINGTON SUITE 1300	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VC	<input type="checkbox"/>
NAME	BERNAU, BARBARA C	
STREET ADDRESS	225 W. WASHINGTON SUITE 1300	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/>
NAME	GLICK, LAWRENCE E	
STREET ADDRESS	225 W. WASHINGTON SUITE 1300	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	[Blank]	<input type="checkbox"/>
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/>
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	[Blank]		
1.3 STREET ADDRESS	8589 SUNSET DRIVE		
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
2.1 TITLE	P/S/DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	[Blank]		
2.3 STREET ADDRESS	[Blank]		
2.4 CITY-ST-ZIP	[Blank]		
3.1 TITLE	V/DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	[Blank]		
3.3 STREET ADDRESS	[Blank]		
3.4 CITY-ST-ZIP	[Blank]		
4.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	[Blank]		
4.3 STREET ADDRESS	[Blank]		
4.4 CITY-ST-ZIP	[Blank]		
5.1 TITLE	T/DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	JEAN M. GIORGI		
5.3 STREET ADDRESS	4241 ROYAL OAK DRIVE		
5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
6.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	PHILIP J. GIORGI, SR.		
6.3 STREET ADDRESS	4241 ROYAL OAK DRIVE		
6.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

Document #F96000004762 (8)  
1997 Nonprofit Corporation Annual Report  
Steven T. Kienlen Foundation, Inc.  
FEI No. 36-4100356

Block 13. **ADDITIONAL DIRECTOR**

D  
Margaret N. Kienlen  
225 W. Washington Suite 1300  
Chicago, IL 60606