

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
1995 MAR -8 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44011 (7)

1. Corporation Name

UNIVERSITY OF NOTRE DAME CLASS OF 1952, CLASSMATE ASSISTANCE FUND, INC.

500001424175
-03/08/95--01037--004
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10261 NORTH LAKE AVE. 10261 NORTH LAKE AVE.
OLATHE KS 66061 OLATHE KS 66061

3. Date Incorporated or Qualified 06/20/1991 3a. Date of Last Report 02/22/1994
4. FEI Number 59-3075724 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 10261 S. NORTH LAKE AVE. 26 10261 S. NORTH LAKE AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SULLIVAN, A.E.
3446 VALLEY ROAD
NAVARRE FL 32566
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIORELLA, SALVATORE A 400 E. 56TH STREET, APT. L-7 NEW YORK NY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLEY, EDWARD F. 1 VANDERBILT COURT PARAMUS NJ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIDKAMP, GEORGE 10261 NORTH LAKE AVE. OLATHE KA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10261 S. NORTH LAKE AVE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOLEY, J. THOMAS P. O. BOX 373 N/A RIVERSIDE IL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WHITE, WILLIAM F. 1012 ADARK DRIVE WHEATON, IL 60187
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3-8-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: George L. Heidkamp GEORGE L. HEIDKAMP 10 FEB 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date (Type in Full) (912) 782-5717