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Feb 27, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44011**

1. Corporation Name  
**UNIVERSITY OF NOTRE DAME CLASS OF 1952, CLASSMATE ASSISTANCE FUND, INC.**

Principal Place of Business 10261 S. NORTH LAKE AVE. OLATHE KS 66061	Mailing Address 10261 S. NORTH LAKE AVE. OLATHE KS 66061
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/20/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3075724
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**SULLIVAN, A.E.  
2446 VALLEY ROAD  
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MUTSCHELLER, JAMES F.	
STREET ADDRESS	305 E. HIGHFIELD ROAD	
CITY-ST-ZIP	BALTIMORE MD 21218	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOLEY, EDWARD F.	
STREET ADDRESS	1 VANDERBILT COURT	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEIDKAMP, GEORGE	
STREET ADDRESS	10261 S. NORTH LAKE AVE.	
CITY-ST-ZIP	OLATHE KA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM F	
STREET ADDRESS	1012 ADARE DR.	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRAY, C. ROBERT	
STREET ADDRESS	APT. 302, 40 SEAGATE DRIVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other (k) empowered.

SIGNATURE: George E. Harris 24 JAN 1999 (913) 782-5717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)