UNIVERSITY OF NOTRE DAME CL	ASS OF 10R2 OLASSIA	ATZ:			
ASSISTANCE FUND T		116			
Principal Place of Business Mailing Address			00 FEB 24 PM 1: 46		
10261 S. NORTH LAKE AVE.  DLATHE KS 66061  10261 S. NORTH LAKE AVE.  OLATHE KS 66061-7306		<u>.</u>	SEG TALL	RETURN ( DE STA AHASSEE. I <b>UU</b>	TE U <b>wa</b> o do
Principal Place of Business	3. Mailing Address	· ····			
Suite, Apt. #, etc. Suite, Apt. #, etc.		····		B 1811 ISSII ISISS 11819 11819 11810 III DO NOT WRITE IN	ran profit ffäll Bill åratt brait 1981
City & State	City & State	<u>,</u>	4. FEI Numbe		Applied For
Zip Country	Zip	Country	5. Certificate	59-3075724 of Status Desired	Not ≛ <sub>ind</sub> ili <sub>se</sub> :   \$8.75 Additional
6. Name and Address of Curre	ent Registered Agent	<del>``</del>	يرضيه صيعها مدرست	Address of New Regist	Fee Required
		Name			
SULLIVAN, A.E.		Street A	ddress (P.O. Box Number	is Not Acceptable)	
2446 VALLEY ROAD NAVARRE FL 32566					
The share some deaths a second		City			FL Zip Code
. The above named entity submits this statement	t for the purpose of changing its r	egistered office or	registered agent, or both	, in the state of Florida.	
GNATURE					
Signature, typed or printed name of registered age	err and title if applicable. (NOTE.	Registered Agent signatu	re required when reinstating)		DATE -
FILE NOW: FEE IS \$61.25	FEE IS \$61.25 Trust Fund Contribute		\$5.00 May Be Added to Fees		eck Payable to ment of State
D. OFFICERS AND I	DIRECTORS Delete	11.	ADDITIONS/CHA	NGES TO OFFICERS AN	
MUTSCHELLER, JAMES F.	F7 D\$1806	NAME			Change Addition
EET ADDRESS 305 E. HIGHFIELD ROAD (1-ST-ZIP BALTIMORE ND 21218		STREET ADDRESS City-St-Zip			
E T	☐ Delete	TITLE	600	 0003159	
FOLEY, EDWARD F.  1 VANDERBILT COURT  PARAMUS'NJ	e*	NAME STREET ADDRESS CITY-ST-ZIP		-03/03/00	-01006016 } *****70.00
E T	☐ Delete	TITLE	<u> </u>	<del></del> .	Change Addition
HEIDKAMP, GEORGE 10261 S. NORTH LAKE AVE.	,	NAME STREET ADDRESS			
E T	Ĺ <b>X</b> Delete	CITY-ST-ZIP TITLE	=		Additio
WHITE, WILLIAM F 1012 ADARE DR.	- · · · · · ·	NAME STREET ADDRESS			
Y-ST-ZIP WHEATON IL 60187		CITY-ST-ZIP			
T WRAY, C. ROBERT	☐ Delete	TITLE NAME			Change Additio
EET ADDRESS APT. 302, 40 SEAGATE DRIVE	•	STREET ADDRESS			
F.ST-ZP NAPLES FL 34102	Delete	CITY-ST-ZIP	<del></del>	<del></del>	. Change
AE EET ADORESS		NAME STREET ADDRESS			C cusuite T whoma
(-ST-ZIP	· ·	CITY-ST-ZIP		en e	
I hereby certify that the information supplied wi indicated on this report or suppliershall report of the corporation or the receiver or tristee emp changed, or on an attachment with an address.	th this filing does not qualify for the is true and accurate and that my	e exemption state signature shall hav	d in Section 119.07 3)(i) ve the same legal effect a	Rorida Statutes. I furthers if made under oath: th	r certify that the information lat I am an officer or director
changed, or on an attachment with an address	powered to execute this report as with all other like empowered.	required by Chapt	ter 617, Florida Statutes;	and that my name appe	ars in Block 10 or Block 11 if
IGNATURE:SIMPLY	ure reduction		16 Jan 2		782-5717
	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #
	The state of the s	unebrok.		Date	Daytime Phone #
(   Villetter ramsovers		<del></del> - ,			
TADDRESS 8901 DICKENS ST-ZIP SURFSIDE FL	*	STREET ADDRESS CITY-ST-ZIP			FARTY ART TO STORE STORE
SUNFOIDE PL	☐ Delete	TITLE NAME	<del></del>	1 75	☐ Change ( ☐ Addition
et address	•	STREET ADDRESS			
ST-ZIP	<u>_</u> 1	CITY-ST-ZIP			
I hereby certify that the information supplied with	this filing dose not qualify for the	exemption stated	in Section 119.07/3V/) F	orida Statutes. I further a	CONTROPORT THE PROPERTY VILLES
hereby certify that the information supplied with ndicated on this report or supplemental report is of the corporation or the receiver or trustee empo	this filing does not qualify for the true and accurate and that my si wered to execute this report as n	exemption stated ignature shall have equired by Chapte	in Section 119.07(3)(i), Fl a the same legal effect as ar 617, Florida Statutes; ar	lorida Statutes. I further of If made under oath; that and that my name appear	certify that the information : I am an officer or director s in Block 10 or Block 11 If
hereby certify that the information supplied with noticated on this report or supplemental report is of the corporation or the receiver or trustee emporchanged, or on an attachment with an address, where the properties of the corporation of the properties of the corporation of t	win all other like empowered.	exemption stated gnature shall have equired by Chapte	_	orida Statutes. I further of if made under oath; that hid that my name appear	certify that the information is an an officer or director is in Block 10 or Block 11 if

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