

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2006  
Secretary of State**

DOCUMENT# N44011

**Entity Name:** UNIVERSITY OF NOTRE DAME CLASS OF 1952, CLASSMATE ASSISTANCE FUND, INC.

**Current Principal Place of Business:**

1250 N. DEARBORN PARKWAY  
17E  
CHICAGO, IL 60610

**New Principal Place of Business:**

**Current Mailing Address:**

1250 N. DEARBORN PARKWAY  
17E  
CHICAGO, IL 60610

**New Mailing Address:**

**FEI Number:** 59-3075724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, ALFRED E  
2502 VALLEY ROAD  
NAVARRE, FL 32566      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T                    ( ) Delete  
Name: STRAUB, JOSEPH J  
Address: P.O. BOX 398  
City-St-Zip: WHITTEMORE, IA 50598

Title: T                    ( ) Delete  
Name: FOLEY, EDWARD F  
Address: 212 OCEAN ROAD  
City-St-Zip: SPRING LAKE, NJ 07262

Title: T                    ( ) Delete  
Name: HEIDKAMP, GEORGE L  
Address: 1250 N. DEARBORN PARKWAY  
City-St-Zip: CHICAGO, IL 60610

Title: T                    ( ) Delete  
Name: DELANEY, DENNIS B  
Address: 1975 PARK AVENUE  
City-St-Zip: TWIN LAKE, MI 49457

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE L HEIDKAMP

T

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date