

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
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 (X)**

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 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date