

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000987 (5)

1. Corporation Name

THE WILLIAM J. VON LIEBIG FOUNDATION INC.



Principal Place of Business

Mailing Address

281 BROAD AVENUE, SOUTH  
NAPLES FL 33940

281 BROAD AVENUE, SOUTH  
NAPLES FL 34102-7028

3. Date Incorporated or Qualified  
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

31-1470886

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

4 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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

1.1 TITLE President Change Addition  
1.2 NAME William J. Von Liebig  
1.3 STREET ADDRESS 281 Broad Avenue South  
1.4 CITY-ST-ZIP Naples, Florida 33940 34102

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE Creative VP Change Addition  
2.2 NAME Suzanne von Liebig  
2.3 STREET ADDRESS 281 BROAD AVENUE S.  
2.4 CITY-ST-ZIP NAPLES, FL 34102

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT Change Addition  
3.2 NAME BURTON KANTER, ESQ.  
3.3 STREET ADDRESS 2 NORTH LA SALLE ST  
3.4 CITY-ST-ZIP CHICAGO IL 60602

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT Change Addition  
4.2 NAME LINDA HAMILTON  
4.3 STREET ADDRESS 281 BROAD AVENUE S.  
4.4 CITY-ST-ZIP NAPLES FL 34102

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature] QUINTA Hamilton VP 941 2623868

CR2E037 (9/96)