

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004515

**Entity Name:** THE GREAT BOOKS FOUNDATION, INC.

**FILED**  
**Jun 12, 2019**  
**Secretary of State**  
**8130696066CC**

**Current Principal Place of Business:**

233 NORTH MICHIGAN AVENUE  
420  
CHICAGO, IL 60601-2105

**Current Mailing Address:**

233 N MICHIGAN AVE  
420  
CHICAGO, IL 60601-2105 US

**FEI Number: 36-2182034**

**Certificate of Status Desired: No**

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

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

*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:** N/A

06/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name POLLOCK, ALEX J  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name REUM, JAMES  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name BARTON, PAUL  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name BOWMAN, BARBARA T  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name SCHUEPPERT, GEORGE L  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title CFO  
Name WALTON, PETER  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title CEO  
Name TEXERA-PARISSI, VALENTINA  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name BRUMMEL, CHARLES JR.  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

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*I hereby 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 all other like empowered.*

**SIGNATURE:** PETER WALTON

CFO

06/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WACHS DAM, MARCIA  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name WARD, DAVID  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name CIOCHINA, LINDSEY  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name RILEY, JOHN  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name STATLAND, DON  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR  
Name CONRARDY, ALYSSA  
Address 233 NORTH MICHIGAN AVENUE  
420  
City-State-Zip: CHICAGO IL 60601-2105