FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 819950** 1. Entity Name RECOVERY INCORPORATED, THE ASSOC. OF NERVOUS AND 01-23-2001 90004 013 ****61.25 Principal Place of Business Mailing Address 802 N. DEARBORN ST 802 N. DEARBORN ST 201022 CHICAGO IL 60610 CHICAGO IL 60610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-2041667 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) REETZ, MARY K 7509 LOVELY LN ORLANDO FL 32810 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TITLE Delete TITLE Change ■ Addition NAME LUCIEN, LAURETTA Marilyn Schicker NAME STREET ADDRESS 9025 DEKOVEN DRIVE STREET ADDRESS 2519 Kendall Road CITY-ST-ZIP TACOMA WA 98499 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change COX. ELDON NAME NAME STREET ADDRESS 3647 S. LAURELCREST STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84109 CITY-ST-ZIP D TITLE ☐ Delete TITLE ------- Change Addition -CASEY, HAL NAME NAME STREET ADDRESS **45 BURNET ST** STREET ADDRESS CITY-ST-ZIP MAPLEWOOD NJ 07040 CITY-ST-7/P D TITLE ☐ Delete Change TITLE ☐ Addition NAME RYAN, TOM NAME 4 STUYVESANT OVAL # 12C STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **NEW YORK NY 10009** TITLE ☐ Delete TITLE Change Addition NAME SACHS, SHIRLEY NAME STREET ADDRESS **802 N DEARBORN** STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60610 CITY-ST-ZiP Asst. Treasurer TITLE □ Delete TITLE ☐ Change **Addition** NAME Sandra Glenn NAME 802 N. Deatborn STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chicago, R. 60610 12. I 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 report or supplemental 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 10 or Block 11 if

SIGNATURE:

Atachment 90/089 819950

RECOVERY, INC., BOARD OF DIRECTORS, 2000 - 2001

*HAL CASEY	HOME/OFFICE	FAX & E-Mail
45 BURNET STREET MAPLEWOOD, NJ 07040	(973) 762-0764	•
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LAURETTA LUCIEN		
9025 DEKOVEN DRIVE	(0.70) (0.00)	(2-2) -22 -44
TACOMA, WA 98499	(253) 588-0125	(253) 588-2112
*ROBERT MACINTYRE 11986 JAQUAY ROAD		
COLUMBIA STATION, OH 44028	(440) 236-8841	Same
FLORETTA MORRIS 1634 RONSON	(713) 468-3459	(713) 468-6011
HOUSTON. TX 77055-3322	(, 10), 100 1 103	(,15) 100 0011
MARY REETZ 7509 LOVELY LANE		
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*TOM RYAN		
P.O. BOX 421	(212) 475-6006	Call office first
PECK SLIP STATION NY NY 10272-0421	(212) 252-3467	(212) 252-3467 (e-mail)stuy12@gateway.net
	1	(*,,,,
*MARILYN SCHICKER 2519 KENDALL ROAD	(716) 659-9937	(716)659-9927
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		Attn: Marilyn Schicker (Business Office)
	(e-n	nail)marilynschicker@eznet.net
*Evecutive Committee		

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