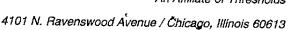
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| | LE LAN UF STATE IMILANASSEE, FLORIDA |
|---|---|
| (Requestor's Name) | |
| (Address) | 900017081499 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | (14/25/N3N1056001 **78.75 |
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Office Use Only





SEURETARY OF STATE TALLAHASSEE, FLORIDA

April 24, 2003

THRESHOLDS
REHABILITATION
INDUSTRIES

Board of Directors

Ronald B. Grais President

Judy Friedman Vice President

Donald G. Pyles Treasurer

Christine Rhode Secretary

Rand E. Arons
John T. Cartland
Malcolm P. Chester
Robert J. Greenebaum
Mark Herbick
Michael P. Richer
Martin N. Sandler
Chris Segal
Charles Wachs
H. Bart Wilson

Executive Director Virginia Fraser

THRESHOLDS Executive Director Jerry Dincin, Ph.D.

An Illinols not-forprofit corporation certified by the National Industries for the Severely Handicapped and the Commision on Accreditation of Rehabilitation Facilities Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Registration Section/Division of Corporations:

Please accept our Application by Foreign Not For Profit Corporation For Authorization to Conduct its Affairs in Florida. Enclosed with the application are a Certificate of Good Standing dated April 22, 2003 and a check in the amount of \$78.75 in payment of our filing fee and certified copy.

Please return our certified copy to 4101 N. Ravenswood Avenue, Chicago, IL 60613, attn: Ron Otto.

Should you have any questions regarding the enclosed application, please contact me at the above address or, by telephone, @ 773/880-6260 x252.

Sincerely,

Ken Bell,

Director of Financial Reporting

FILED

TRANSMITTAL LETTER

03 APR 25 PM 2: 59

| TO: | Registration o | on Section f Corporations | | · | TALLAHASSEE, FL | TATE ORIDA |
|---|---|---|--------------------|--|--|---------------|
| SUBJ | ECT: | Thresholds Rehabi | | | ·· | |
| | | (Name of Corp | oration – mi | ist include suffix) | | |
| Dear S | ir or Madam: | | | _ | | |
| Affairs | in Florida", ' | ication by Foreign Not for 'Certificate of Existence' ation to conduct its affair | ', and check | are submitted to re | rization to Conduct its gister the above referenced | |
| Please r | eturn all corr | espondence concerning t | this matter to | the following: | | |
| | R | en Bell | | - | | |
| | | () | ame of Pers | on) | | |
| | Thres | sholds Rehabilitat | ion Indu | stries | | |
| | | (F | irm/Compar | у) | | |
| | 4101 | N. Ravenswood Ave | nue | | | |
| | | , | (Address) | | | |
| | Chica | go, IL 60613 | | | | |
| | | (City/S | tate and Zip | Code) | <u></u> | - |
| | | | | | | |
| For furthe | er information | n concerning this matter, | please call: | | | |
| Ko | en Bell | | at (773 | 880 - 6260 | x252 | |
| (Na | me of Person |) | (Area | Code & Daytime 1 | x252 elephone Number) | |
| | | | | | | |
| Registration Division of 409 E. Gai Tallahasse | f Corporation nes St. e, FL 32399 | | Rej Div P. (| AILING ADDRES gistration Section vision of Corporati D. Box 6327 lahassee, FL 3231 | ons | |
| Enclosed is | s a check for | the following amount: | | | | |
| □ \$70.00 I | Filing Fee | ☐ S78.75 Filing Fee & Certificate of Statu | | 75 Filing Fee & iffied Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TOD 25 PM 2: REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT IN AFFAIRS IN THE STATE OF FLORIDA:

| ማሌ | eachalda Dahahdldwawdan Tedusted | | SLUKÉTÁKY UF TALLAHASSEE, |
|---|--|---|---|
| (Name of cor | resholds Rehabilitation Industri poration: must include the word "INCORPORATE | D" or "COPPOPATION" or words or | ALL All Accounts |
| n language a | s will clearly indicate that it is a corporation instead apany" or "Co." may not be used as a corporate su | of a natural person or partnership if t | not so contained in the name at |
| Illin | o1s 3 | = 36-2946558 | <u>-</u> |
| (State or cou | ntry under the law of which it is incorporated) | (FEI number, i | f applicable) |
| March | 15, 1977 5. (Date of Incorporation) | perpetual" | - |
| | | (Duration: Year corp. will cease | to exist or "perpetual") |
| April | 25, 2003 | | |
| (Date c | orporation first conducted Affairs in Florida - See s | ections 617.1501, 617.1502, and 817. | 155, F.S.) |
| 4101 N | Ravenswood Avenue, Chicago, IL | 60612 | |
| 4101 11- | (Principal of | fice address) | · |
| 4101 N. | Ravenswood Avenue, Chicago, IL | | |
| | | | ± %- |
| assist p fit corp tion to | articipants in the rehabilitation oration, other psychiatric patient re-establish themselves in the conference of the co | program of The Threshonts, and others in need o | of psychiatric rehab eration of small |
| assist p fit corp tion to iness un ame and st | re-establish themselves in the conference of the | in address) of The Thresholds, and others in need of the or country, through the open teor country to be carried out in the soft paid staff. O. Box or Mail Drop Box NOT a | of psychiatric rehab eration of small state of Florida) |
| assist p fit corp tion to iness un lame and st | oration, other psychiatric patient re-establish themselves in the conference of corporation authorized in home states by them under the direction of the corporation authorized in home states by them under the direction of the corporation of | in address) of The Thresholds, and others in need of the or country, through the open teor country to be carried out in the soft paid staff. O. Box or Mail Drop Box NOT a | of psychiatric rehab eration of small state of Florida) |
| assist p fit corp tion to iness un ame and st | (Purpose(s) of corporation authorized in home states by them under the direction of reet address of Florida registered agent: (Pusiness Filings Incorporated | in address) of The Thresholds, and others in need of the or country, through the open teor country to be carried out in the soft paid staff. O. Box or Mail Drop Box NOT a | of psychiatric rehab eration of small state of Florida) |
| assist p fit corp tion to iness un lame and st | oration, other psychiatric patient re-establish themselves in the conformal properties of the conformal properties of the conformal properties by them under the direction of the reet address of Florida registered agent: (Parameter address Filings Incorporated 1000 West Avenue, Suite 1114 | in program of The Thresholits, and others in need of munity, through the operate or country to be carried out in the soft paid staff. O. Box or Mail Drop Box NOT a | of psychiatric rehab eration of small state of Florida) |
| assist pofit corpution to | oration, other psychiatric patient re-establish themselves in the conformal properties of the conformal properties of the conformal properties by them under the direction of the reet address of Florida registered agent: (Parameter address Filings Incorporated 1000 West Avenue, Suite 1114 | in program of The Thresholits, and others in need of munity, through the operate or country to be carried out in the sof paid staff. O. Box or Mail Drop Box NOT a | of psychiatric rehab eration of small state of Florida) |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: FILED A. DIRECTORS 03 APR 25 PM 2: 59 See attached list Chairman:__ Address:_ Vice Chairman:___ Address:_ Address:_ B. OFFICERS Ronald B. Grais President:____ 1326 Sunview Lane Address:____ Winnetka, IL 60093 Judy Friedman Vice President: 330 W. Diversey, Apt. 2306 Address:___ Chicago, IL 60657 Christine M. Rhode Secretary:_____ 2716 Asbury, Evanston, IL 60201 Address:____ Donald Pyles Treasurer:____ 18339 Stewart Avenue, Homewood, IL 60430-3031 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Ronald B. Grais, President, Board of Directors

DIRECTORS

NAME

OFFICE ADDRESS

FILED

HOME ADDRESS 03 APR 25 PM 2: 59

3499 Old Mill Road, Highland Park III. 50035 Togg RIDA (847) 432 9955 ATTASSEE, TOGRIDA

E-mail: randearons@aol.com

CARTLAND, John T. (Paula)

ARONS, Rand E. (Jennifer)

4024 Dundee

Northbrook, IL 60062 (847) 498-4562/2557 (Fax)

E-mail: itcartland@attbi.com

-GHESTER, Malcolm P.

MRC Consulting

505 N. Lake Shore Drive #1605

Chicago, IL 89811 (312) 467-1824/1823 (Fax) 505 N. Lake Shore Drive, Apt. 416

Chicago #50611 (312) 832-9108

E-mail: malgeorgia@31century.net

FRIEDMAN, Judy

330 W. Diversey, Apt. 2306

Chicago, IL 60657 (773) 525-7100

GRAIS, Ronald B. (Marilynn)

Schwartz, Cooper, Greenberger &

Krauss, Chartered

180 North LaSalle St., Suite 2700

Chicago, IL 60601

(312) 845-5119/782-8416 (Fax) E-mail: rgrais@scgk.com 1326 Sunview Lane Winnetka, IL 60093 (847) 446-5177

GREENEBAUM, Robert

(Nancy)

828 Kimballwood Lane Highland Park, IL 60035-3624 (847) 681-1575/1576 (Fax) E-mail: nrgrig@aol.com 828 Kimballwood Lane Highland Park, IL 60035-3624 (847) 432-0786

HERBICK, Mark

Capital Cleaning Services, Inc. 4104 N. Nashville Avenue

Chicago, IL 60634 (773) 205-2800/2810 (Fax) E-mail: <u>mherbick@aol.com</u> 5455 High Point Crt. Long Grove, IL 60047

PYLES, Donaid

(Pat)

18339 Stewart Avenue Homewood, IL 60430-3031____ (708) 798-8440/9406 (Fax)____ E-mail: DGP613@aol.com 18339 Stewart Avenue Homewood, IL 60430-3031 (708) 798-5830

Please notify Repsie Royster at (773) 281-3800 x2452 of changes

NAME

OFFICE ADDRESS

HOME ADDRESS

RHODE, Christine M.

Vedder, Price, Kaufman & Kammhoiz 222 N. LaSalle St., 25th Fl Chicago, IL 60601

E-mail: crhode@vedderprice.com

2716 Asbury Evanston, IL 60201 (847) 570-0824

FILED

(312) 609-7575/5005(Fax)

03 APR 25 PM 2: 59

SEUNCIARY OF STATE TALLAHASSEE, FLORIDA

RICHER, Michael P. (Kathleen)

540 Lake Land Drive Lake Bluff, IL 60044 (847) 234-1142/0337 (Fax) E-mail: MPR540@aol.com

SANDLER, Martin N. (Lucie)

6500 N. Kolmar Lincolnwood, IL 60712 (847) 679-5784/5786 (Fax) E-mail: mlsandler@aol.com

THOMAS, Tracy (Melissa)

Towers & Perrin 200 W. Madison St., Suite 3100 Chicago, IL 60606-3414 (312) 609-9845/9839 (Fax)

E-mail: thomat@towers.com

1626 N. Orchard Unit D Chicago, IL 60614 (773) 472-1289

WACHS, Charles (Ela)

3376 Old McHenry Road Long Grove, IL 60047 (847) 778-8800/(208) 955-1861 (Fax) E-mail: chaswachs@wachs.org

WILSON, Bart (Patty)

340 West Barry Chicago, IL 60657 (773) 348-3620

E-mail: bigharry60@aol.com

5111-196-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I, hereto set

Desse White