


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90005 004 ****61.25

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| DOCUMENT # F03000006453 | |  |
| 1. Entity Name THE BURTON FOUNDATION OF ILLINOIS, INC. | | |

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| Principal Place of Business 1202 TIMBERLANE DR STERLING, IL 61081 | Mailing Address 1202 TIMBERLANE DR STERLING, IL 61081 |
|---|---|

50053911

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| 2. Principal Place of Business STERLING IL 61081 | 3. Mailing Address Above |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------|-----------------------|
| City & State | City & State |
| Zip 61081 | Country USA |
| Zip 61081 | Country USA |

05232005 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 36-3339126 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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| 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE <i>Barbara A. Burke</i> | BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstating) 62405 DATE |

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| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP BURTON, DONALD 1202 TIMBERLANE DR STERLING, IL 61081 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EUGENE BURTON 1605 E Third St STERLING IL 61081 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCST BURTON, PEG 1202 TIMBERLANE DR STERLING, IL 61081 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAHN, LISA 90 CHURCHILL DR AURORA, IL 60504 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURTON-PIERING, ANDRA 2808 NORTH HARTUNG MILWAUKEE, WI 53210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWBURGH, NYLA 5936 14TH AVE SOUTH MINNEAPOLIS, MN 55408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURTON, DAVID 1722 AVE E STERLING, IL 61081 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 changed, or on an attachment with an address, with all other like empowered.

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|--|----------------|--------------------|
| SIGNATURE: <i>Donald Burton</i> | 6/16/05 | 815626 6060 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |