

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001033

FILED
Oct 03, 2007
Secretary of State

Entity Name: LORI ARQUILLA ANDERSEN FOUNDATION, INC.

Current Principal Place of Business:

1153 S LEE ST - @ 201
DES PLAINES, IL 60016

New Principal Place of Business:

1153 S LEE ST
#201
DES PLAINES, IL 60016

Current Mailing Address:

1153 S LEE ST - @ 201
DES PLAINES, IL 60016

New Mailing Address:

1153 S LEE ST
#201
DES PLAINES, IL 60016

FEI Number: 20-3536627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODGE, LISA A
3322 SYLVIA ST
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

DODGE, LISA M
3322 SYLVIA ST
JACKSONVILLE, FL 32207 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: LISA M. DODGE

10/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: DODGE, LISA A
Address: 3322 SYLVIA ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: WALLER, MOLLIE
Address: 6937 N CALDWELL AVE
City-St-Zip: CHICAGO, IL 60646

Title: PT () Delete
Name: MAGIERA, LINDA R
Address: 680 JILL CT
City-St-Zip: DES PLAINES, IL 60018

Title: VP () Delete
Name: ANDERSEN, ERIK K
Address: 5455 N SHERIDAN - # 2912
City-St-Zip: CHICAGO, IL 60640

Title: S () Delete
Name: FISCHER, LINDA F
Address: 1028 N GLENVIEW CT
City-St-Zip: PALATINE, IL 60067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: DODGE, LISA M
Address: 3322 SYLVIA ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ANDERSEN, ERIK K
Address: 5455 N SHERIDAN - # 1701
City-St-Zip: CHICAGO, IL 60640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA R. MAGIERA

P

10/03/2007

Electronic Signature of Signing Officer or Director

Date