

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002727

FILED
Mar 17, 2009
Secretary of State

Entity Name: AMERICAN COLLEGE OF SURGEONS FOUNDATION, INC.

Current Principal Place of Business:

633 N. ST. CLAIR STREET
CHICAGO, IL 606113211

New Principal Place of Business:

Current Mailing Address:

633 N. ST. CLAIR STREET
CHICAGO, IL 606113211

New Mailing Address:

633 N. ST. CLAIR STREET
27TH FLOOR
CHICAGO, IL 606113211

FEI Number: 30-0305504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: LAWS, EDWARD R MD
Address: 633 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606113211

Title: SD () Delete
Name: REILING, RICHARD B MD
Address: 633 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606113211

Title: D () Delete
Name: CAMERON, JOHN L MD
Address: 633 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606113211

Title: CFO () Delete
Name: VINCENT, GAY CPA
Address: 633 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606113211

Title: MD () Delete
Name: RUSSELL, THOMAS R MD
Address: 633 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606113211

Title: CDO () Delete
Name: HOLZRICHTER, FRED W
Address: 633 N. ST. CLAIR STREET
City-St-Zip: CHICAGO, IL 606113211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GAY VINCENT

CFO

03/17/2009

Electronic Signature of Signing Officer or Director

Date