2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# F11000000003

Entity Name: THE FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH INC.

Current Principal Place of Business:

520 N NORTHWEST HWY
PARK RIDGE, IL 60068

New Principal Place of Business:

520 N NORTHWEST HWY
PARK RIDGE, IL 60068 US

Current Mailing Address:

520 N NORTHWEST HWY
PARK RIDGE, IL 60068

New Mailing Address:

520 N NORTHWEST HWY
PARK RIDGE, IL 60068 US

FEI Number: 52-1494164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: WARD, MD, PHD, DENHAM S PD
Address: 520 N NORTHWEST HWY
City-St-Zip: PARK RIDGE, IL 60068 US

Title: SEC
Name: WILLIAMS, MD, KAREN S SEC
Address: 520 N NORTHWEST HWY
City-St-Zip: PARK RIDGE, IL 60068 US

Title: TRES
Name: HUGHES, PHD, FRANCIS P TRES
Address: 520 N NORTHWEST HWY
City-St-Zip: PARK RIDGE, IL 60068 US

Title: DIR
Name: COLE, DANIAL DIR
Address: 520 N NORTHWEST HWY
City-St-Zip: PARK RIDGE, IL 60068 US

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL KOPP POA 03/31/2012

Electronic Signature of Signing Officer or Director Date