2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F93000002142

Entity Name: GATEWAY FOR CANCER RESEARCH, INC.

Current Principal Place of Business:

1336 BASSWOOD ROAD
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

1336 BASSWOOD ROAD
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 73-1386920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE 4
WESTON, FL 33331 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:	CD	( ) Delete
Name:	STEPHENSON, ALICIA L	
Address:	125 BUCKLEY RD.	
City-St-Zip:	BARRINGTON HILLS, IL 60010	
Title:	D	( ) Delete
Name:	MAYO, ROBERT W	
Address:	112 BRINKER ROAD	
City-St-Zip:	BARRINGTON HILLS, IL 60010	
Title:	D	( ) Delete
Name:	SMITH, KEN	
Address:	2355 S ARLINGTON HEIGHTS ROAD #110	
City-St-Zip:	ARLINGTON HEIGHTS, IL 60005	
Title:	D	( ) Delete
Name:	LUBIN, BRUCE	
Address:	135 S LASALLE STREET	
City-St-Zip:	CHICAGO, IL 60603	
Title:	D	( ) Delete
Name:	PAYTON, CONNIE	
Address:	1336 BASSWOOD RD	
City-St-Zip:	SCHAUMBURG, IL 60173	
Title:	D	( ) Delete
Name:	GREGOIRE, JOSEPH	
Address:	2021 SPRING RD SUITE 600	
City-St-Zip:	OAK BROOK, IL 60523	

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: LOIS Y. CONKLIN ASST 01/29/2009

Electronic Signature of Signing Officer or Director — Date