


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90091 022 \*\*\*\*61.25

<b>DOCUMENT # F93000003621</b> 1. Entity Name <b>EASTER SEALS, INC.</b>					
Principal Place of Business <b>230 W. MONROE ST SUITE 1800 CHICAGO, IL 60606 US</b>			Mailing Address <b>230 W. MONROE STREET SUITE 1800 CHICAGO, IL 60606 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-2171729</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLORIDA EASTER SEAL SOCIETY, INC. 1010 EXECUTIVE CENTER DR., STE. 231 ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO WILLIAMS, JAMES E JR 230 W MONROE #1800 CHICAGO, IL 60606 <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	CFO SCHULTZ, SUZANNE M 230 W. MONROE #1800 CHICAGO, IL 60606 <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	C MANHARD, ELGINE 230 W. MONROE #1800 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Gerard P. Mattimore 230 W. Monroe, #1800 Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNEMAN, DWANE 230 W. MONROE #1800 CHICAGO, IL 60606 <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	S ROSSMAN, STEPHEN F 230 W. MONROE #1800 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amrmando Lasa-Ferrer, Esq. 230 W. Monroe #1800 Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/15/08</b> Daytime Phone # <b>312-726-6200</b>			

40089005



04032008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

**FL**

Zip Code

ATTACHMENT 40089005

#F93000003621

**2008 OFFICERS/DIRECTORS**

**PRESIDENT/CHIEF OPERATING OFFICER**

James E. Williams, Jr.  
Easter Seals  
230 W. Monroe, #1800  
Chicago, IL 60606  
(312) 726-6200  
Fax: (312) 726-1494

**CHIEF FINANCIAL OFFICER**

Suzanne M. Schultz  
Easter Seals  
230 W. Monroe, #1800  
Chicago, IL 60606

**CHAIRMAN**

Gerard P. Mattimore  
Easter Seals  
230 W. Monroe, #1800  
Chicago, IL 60606

**TREASURER**

Dwane Brenneman  
Easter Seals  
230 W. Monroe, #1800  
Chicago, IL 60606

**SECRETARY**

Armando Lasa-Ferrer, Esq.  
Easter Seals  
230 W. Monroe, #1800  
Chicago, IL 60606