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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001715 (1)**

1. Corporation Name

KELLER GRADUATE SCHOOL OF MANAGEMENT, INC.



Principal Place of Business

**ONE TOWER LANE
OAKBROOK TERRACE IL 60181**

Mailing Address

**ONE TOWER LANE
OAKBROOK TERRACE IL 60181-4671**

3. Date Incorporated or Qualified

04/05/1994

3a. Date of Last Report

01/30/1996

4. FEI Number

36-2781982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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Country

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and local agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BROWN, D.S.**
STREET ADDRESS **ONE TOWER LANE**
CITY-ST-ZIP **OAKBROOK TERRACE IL 60181**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GANNON, A.I. BVM**
STREET ADDRESS **ONE TOWER LANE**
CITY-ST-ZIP **OAKBROOK TERRACE IL 60181**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KELLER, DENNIS J.**
STREET ADDRESS **324 E 7TH STREET**
CITY-ST-ZIP **HINSDALE IL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KELLER, D.J.**
STREET ADDRESS **ONE TOWER LANE**
CITY-ST-ZIP **OAKBROOK TERRACE IL 60181**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KING, R.E.**
STREET ADDRESS **ONE TOWER LANE**
CITY-ST-ZIP **OAKBROOK TERRACE IL 60181**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MANNING, T.E.**
STREET ADDRESS **ONE TOWER LANE**
CITY-ST-ZIP **OAKBROOK TERRACE IL 60181**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Taylor, President

(630) 571-7700

Date

Daytime Phone

CR2E034 (9/96)

KELLER GRADUATE SCHOOL OF MANAGEMENT, INC.

OFFICERS

PRINCIPAL OFFICER

TITLE

DENNIS J. KELLER

Chairman

RONALD L. TAYLOR

President

DAVID C. MacFARLANE

Senior Vice-President

NORMAN C. METZ

Senior Vice-President

O. JOHN SKUBIAK

Senior Vice-President

MARILYNN J. CASON

Secretary & General Counsel

Business address for all of above:

One Tower Lane
Suite 1000
Oakbrook Terrace, IL 60181- 4624

KELLER GRADUATE SCHOOL OF MANAGEMENT, INC.

DIRECTORS

DENNIS J. KELLER

RONALD L. TAYLOR

DAVID S. BROWN

HUGO J. MELVOIN

THURSTON E. MANNING

SR. ANN IDA GANNON, BVM

ROBERT E. KING

FREDERICK A. KREHBIEL

JULIE A. McGEE

ROBERT C. McCORMACK

Business address for all of above:

**One Tower Lane
Suite 1000
Oakbrook Terrace, IL 60181-4624**