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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morjham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003909 (6)**

1. Corporation Name

HULL HOUSE ASSOCIATION, CORP.

Principal Place of Business

**10 S. RIVERSIDE PLAZA
SUITE 1700
CHICAGO IL 60606**

Mailing Address

**10 S. RIVERSIDE PLAZA
SUITE 1700
CHICAGO IL 60606**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1996

4. FEI Number

36-2170135

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P / D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GORDON	
STREET ADDRESS	10 S. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	S / T	<input type="checkbox"/> DELETE
NAME	SMITH, LOUISE K	
STREET ADDRESS	70 E. CEDAR ST.	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KOHN, MICHAEL R	
STREET ADDRESS	39 S. LASALLE STREET, SUITE 1410	
CITY-ST-ZIP	CHICAGO IL 60603	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	METZGER, GEORGE K	
STREET ADDRESS	5250 N. HARLEM AVE	
CITY-ST-ZIP	CHICAGO IL 60656	

TITLE	EVC	<input type="checkbox"/> DELETE
NAME	RILEY, RICHARD A	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM RYAN	
STREET ADDRESS	10 S. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	EVC / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, LOUISE K	
2.3 STREET ADDRESS	70 E. CEDAR ST.	
2.4 CITY-ST-ZIP	CHICAGO, IL 60611	

3.1 TITLE	T / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DENISON, THOMAS C	
3.3 STREET ADDRESS	231 S. LASALLE ST.	
3.4 CITY-ST-ZIP	CHICAGO, IL 60697	

4.1 TITLE	S / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEGGEROW, KATHY	
4.3 STREET ADDRESS	111 W. CHICAGO AVE.	
4.4 CITY-ST-ZIP	HINSDALE, IL 60521	

5.1 TITLE	C / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RILEY, RICHARD A	
5.3 STREET ADDRESS	123 N. WACKER DRIVE	
5.4 CITY-ST-ZIP	CHICAGO, IL 60606	

6.1 TITLE	V / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LAWRENCE, CHERYL	
6.3 STREET ADDRESS	10 S. RIVERSIDE PLAZA	
6.4 CITY-ST-ZIP	CHICAGO, IL 60606	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gordon Johnson, President**

312-906-3600

CR2E037 (10/97)