FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9600003909

HULL HOUSE ASSOCIATION, CORP.

Principal Place of Busine
10 S. RIVERSIDE PLAZA
SUITE 1700
CHICAGO IL 60606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

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

2a. Mailing Address

City & State

Suite, Apt, #, etc.

26

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90102 017 ****70.00



d

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/01/1996

36-2170135

4. FEI Number

23							quiida	
Zip	Country	Zip	Country		6. Election Campaign Financing	T -	\$5.00 May Be	
24	25	29 30	o]		Trust Fund Contribution	Added to	Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
			81	Name				
CORPORATION SERVICE COMPANY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET				0		,		
TALLAHASSEE FL 32301-2525			83					
			84	City		85 Zip C	Code	
		•	1	' '		FL		
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: Re	egistered Ager	it signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITLE			. Change	Addition	
NAME	JOHNSON, GORDON		1.2 NAME					
STREET ADDRESS	10 S. RIVERSIDE PLAZA		1.3 STREE	TADORES\$				
CITY-ST-ZIP	CHICAGO IL 60606		1.4 CITY-S	T-ZIP				
TITLE	EVCT	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME (smith, louise k		2.2 NAME	Ì				
STREET ADDRESS	70 E. CEDAR ST.		2.3 STREE	r ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60611		2. 4 CITY-	ST-ZIP		☐ Change	☐ Addition	
TITLE	Ţ	☐ DELETE	3.1 TITLE	1		Criange	LI Addition	
NAME	DENISON, THOMAS C		3.2 NAME					
STREET ADDRESS	231 S LA SALLE STREET		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60697		3.4. CITY-	ST-ZIP		☐ Change	Addition	
TITLE	ST	☐ DELETE	4.1 TITLE			□ cuande	☐ vagadon	
NAME	BEGGEROW, KATHY C		4. 2 NAME					
STREET ADDRESS	1111 W CHICAGO AVENUE			TADDRESS				
CITY-ST-ZIP	HINSDALE IL 60521	[] per exc	4.4 CITY-5	T-ZIP		Change	Addition	
TITLE	CT PIOLARD A	☐ DELETE	5.1 TITLE 5.2 NAME			← Cuenge	<u> </u>	
NAME	RILEY, RICHARD A			T ADODECC				
STREET ADDRESS	123 N. WACKER DRIVE		•	T ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60606	□ per ETE	5.4 CITY-S 6.1 TITLE	1-49	<u> </u>	Change	Addition	
TITLE	VD	☐ DELETE				L) Grange		
NAME	LAWRENCE, CHERYL		6.2 NAME	T ADDDESS			Į	
STREET ADDRESS	10 S RIVERSIDE PLAZA			T ADDRESS			Ì	
CITY-ST-ZIP	CHICAGO IL 60606	/ //	6.4 CITY-5	T-ZIP				

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 of supplemental annual people 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 of the receiver or trastee 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 attagoring of with an address, with all other like empowered.

SIGNATURE:

(312) 906-8600

Applied For

\$8.75 Additional

Fee Required

Not Applicable