

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90224 049 ****61.25

DOCUMENT # F98000001384

1. Entity Name

SAINT GERMAIN FOUNDATION (CORPORATION)

Principal Place of Business

1120 STONEHEDGE DR
SCHAUMBURG IL 60194

Mailing Address

1120 STONEHEDGE DR
SCHAUMBURG IL 60194

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-1721823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CRAIG, ANNE
STREET ADDRESS 1120 STONEHEDGE DR
CITY-ST-ZIP SCHAUMBURG IL 60194

TITLE DOMINIQUE DEUTAN ☐ Change ☒ Addition
NAME GLORIA EKMAN
STREET ADDRESS 1120 STONEHEDGE DR.
CITY-ST-ZIP SCHAUMBURG IL 60194

TITLE TD ☐ Delete
NAME LANIER, SIDNEY
STREET ADDRESS 1120 STONEHEDGE DR
CITY-ST-ZIP SCHAUMBURG IL 60194

TITLE WADA HORNBACK ☐ Change ☒ Addition
NAME LARRY JENNINGS
STREET ADDRESS 1120 STONEHEDGE DR.
CITY-ST-ZIP SCHAUMBURG IL 60194

TITLE SD ☐ Delete
NAME REDMAN, ELIZABETH
STREET ADDRESS 1120 STONEHEDGE DR
CITY-ST-ZIP SCHAUMBURG IL

TITLE DORIS KIMLER ☐ Change ☒ Addition
NAME ARNOLD PERRIS
STREET ADDRESS 1120 STONEHEDGE DR.
CITY-ST-ZIP SCHAUMBURG IL 60194

TITLE VD ☐ Delete
NAME SCHROCK, LYLE
STREET ADDRESS 1120 STONEHEDGE DR
CITY-ST-ZIP SCHAUMBURG IL

TITLE EVELYN PONSOLLE ☐ Change ☒ Addition
NAME 1120 STONEHEDGE DR.
CITY-ST-ZIP SCHAUMBURG, IL. 60194

TITLE D ☐ Delete
NAME AMAN, GEORGE
STREET ADDRESS 1120 STONEHEDGE DR
CITY-ST-ZIP SCHAUMBURG IL

TITLE GRACE SOMERS ☐ Change ☒ Addition
NAME 1120 STONEHEDGE DR.
CITY-ST-ZIP SCHAUMBURG, IL. 60194

TITLE D ☐ Delete
NAME CENTER, RUTH
STREET ADDRESS 1120 STONEHEDGE DR
CITY-ST-ZIP SCHAUMBURG IL

TITLE DOUGLAS WOODWORTH ☐ Change ☒ Addition
NAME 1120 STONEHEDGE DR.
CITY-ST-ZIP SCHAUMBURG, IL. 60194

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYLE
SCHROCK

Feb. 02/01 882-7400 (847)

Date

Daytime Phone #

CR2E037 (10/00)