

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91031 048 \*\*\*\*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**



04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-1721823**

Applied For  
☐ Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAIG, ANNE 1120 STONEHEDGE DR SCHAUMBURG, IL 60194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANIER, SIDNEY 1120 STONEHEDGE DR SCHAUMBURG, IL 60194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOREBACK, NADA 1120 STONEHEDGE DR SCHAUMBURG, IL 60194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO PERRIS, ARNOLD 1120 STONEHEDGE DR SCHAUMBURG, IL 60194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMAN, GEORGE 1120 STONEHEDGE DR SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTER, RUTH 1120 STONEHEDGE DR SCHAUMBURG, IL

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IN THIS SPACE**

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:** *Arnold Perris* **Arnold Perris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 22/04 847-882-7400**

Date

Daytime Phone #