

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

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



01052006 No Chg-NP CR2E037 (11/05)

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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000382035
01/11/06-80080-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Barbara Schrock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9/06
Date

(847) 882-7400
Daytime Phone
676 348