

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 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



01152007 No Chg-NP CR2E037 (4/06)

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, 2007**

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

U000000598688
01/24/07-80085-007 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 A. Schrock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14/07
Date

847 882-7400
Daytime Phone # *Ext 348*

BARBARA A. SCHROCK