

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001384

FILED
Jan 29, 2009
Secretary of State

Entity Name: SAINT GERMAIN FOUNDATION (CORPORATION)

Current Principal Place of Business:

1120 STONEHEDGE DR
SCHAUMBURG, IL 60194

New Principal Place of Business:

Current Mailing Address:

1120 STONEHEDGE DR
SCHAUMBURG, IL 60194

New Mailing Address:

FEI Number: 36-1721823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAIG, ANNE
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

Title: TD () Delete
Name: LANIER, SIDNEY
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

Title: S () Delete
Name: HORNBACK, NADA
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

Title: VCEO () Delete
Name: PERRIS, ARNOLD
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

Title: D () Delete
Name: AMAN, GEORGE
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HORNBACK, NADA
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AMAN, GEORGE
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

Title: GM () Change (X) Addition
Name: SCHROCK, BARBARA A
Address: 1120 STONEHEDGE DR
City-St-Zip: SCHAUMBURG, IL 60194

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A SCHROCK

GM

01/29/2009

Electronic Signature of Signing Officer or Director

Date