

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003847

FILED
Mar 26, 2009
Secretary of State

Entity Name: CHAMBERLAIN COLLEGE OF NURSING LLC

Current Principal Place of Business:

ONE TOWER LANE
OAKBROOK TERRACE, IL 60181

New Principal Place of Business:

Current Mailing Address:

ONE TOWER LANE
OAKBROOK TERRACE, IL 60181

New Mailing Address:

FEI Number: 20-2452410

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAMBERLAIN COLLEGE, OF NURSING & H E ALTH
Address: SCIENCES, INC ONE TOWER LANE
City-St-Zip: OAKBROOK TERRACE, IL 60181

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

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

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GROENWALD, SUSAN
Address: ONE TOWER LANE
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VP () Change (X) Addition
Name: HAMBURGER, DANIEL
Address: ONE TOWER LANE
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: SEC () Change (X) Addition
Name: DAVIS, GREGORY
Address: ONE TOWER LANE
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: TREA () Change (X) Addition
Name: GUNST, RICHARD M
Address: ONE TOWER LANE
City-St-Zip: OAKBROOK TERRACE, IL 60181

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD M. GUNST

TREA

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date