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

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

1. Entity Nan	ne	# NU20000 NDATION, INC.	101196		·				04-26-20	004 90)453 C	921 ***	`*6I.	.25
Principal Place of Business 3652 N. LINCOLN CHICAGO, IL 60613			3652	Mailing Address 3652 N. LINCOLN CHICAGO, IL 60613				**************************************						
2. Principal Place of Business			3. Mai	3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04212004	Chg-NP	С	:R2E03	7 (10/0:	3)	
City & State		Cit	City & State			4. FEI Numb 04-36						Not A	ed For pplicable	
Zip	Country		Zip	Zip		Country		5. Certificate	of Status Desire	ed [<u> </u>	\$8.75 Fee Req	Additio uired	onal
	6. Name	and Address of Curi	rent Registere	d Agent				7. Name and	d Address of Ne	w Regis	tered A	gent		
MOORE, I 502 E. PA TALLAHA	RK AVE.					Name Street A	ddress (F	P.O. Box Numb	per is Not Accep	table)	P. *****	·		
()						City	FL Zip Code							
	named entit tions of regis	ty submits this stateme tered agent.	int for the purp	ose of changing its	register	ed office o	r register	ed agent, or bo	oth, in the State o	of Florida	i. I am f	amiliar w	ith, and	d accept
SIGNATURE	Siz-	d or printed name of registered		W							k .		• • •	· <u>·</u>
3	Signature, typed	to bivited name or registered.	agent and title it app	ilicable. [NOTE	: Registere	a Agent signat	ture required	when reinstating)	. 4'14		DATE		•	-
3	Filing Fe	ee is \$61.25 May 1, 2004	agent and title it app	9. Election Cam Trust Fund C	npaign F	inancing		\$5.00 May 1 Added to Fees	Be S	,	check	payabl		
10.	Filing Fe	ee is \$61.25 May 1, 2004 OFFICERS AND		9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May 1 Added to Fees	Be I	Make Florida	check Depart	payabl ment of	State	No.
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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:	Gina S. Drachman	GINA S. DRACHMAN	4/22/04	(561) 392-7929
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR (TREASURER)	Date	Daytime Phone #