

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009578

FILED
May 01, 2009
Secretary of State

Entity Name: KILLIAN FOUNDATION, INC.

Current Principal Place of Business:

50 SOUTH POINT DRIVE
SUITE 606
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

901 MAIN ST.
APT #B
HIGHLAND, IL 62249

New Mailing Address:

FEI Number: 20-3414718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KILLIAN, ROBERT J
50 SOUTH POINT DRIVE
SUITE 606
MIAMI BEACH, FL 33139 US

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: P () Delete
Name: KILLIAN, ROBERT J
Address: 50 SOUTH POINT DRIVE, STE. 606
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: BEDEL, JULIAN
Address: 500 WEST SUPERIOR ST.
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: MARTELLETTI, LEANDRO
Address: 500 WEST SUPERIOR ST.
City-St-Zip: CHICAGO, IL 60610 XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: BARRY, KEVIN
Address: 110 ISLAND AVE.
City-St-Zip: LITTLE FALLS, NJ 07424

Title: D (X) Change () Addition
Name: MILLET, FRANCISCO
Address: 3627 DICKASON AVE UNIT G
City-St-Zip: DALLAS, TX 75219

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: ROBERT KILLIAN

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date