# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2009**
**Secretary of State**

DOCUMENT# N08000010952

**Entity Name:** VISION360 FOUNDATION, INC.

**Current Principal Place of Business:**

2002 ARLINGTON HEIGHTS ROAD
ARLINGTON HEIGHTS, IL 60005

**New Principal Place of Business:**

**Current Mailing Address:**

2002 ARLINGTON HEIGHTS ROAD
ARLINGTON HEIGHTS, IL 60005

**New Mailing Address:**

**FEI Number: 11-3729455** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLENDENIN, GREG
1271 SPRING LAKE DRIVE
ORLANDO, FL 32804 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: CLENDENIM, GREG
Address: 2002 ARLINGTON HEIGHTS ROAD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: TD ( ) Delete
Name: SCHULTZ, STEVE
Address: 2002 ARLINGTON HEIGHTS ROAD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: SD ( ) Delete
Name: BARNES, BREA
Address: 2002 ARLINGTON HEIGHTS ROAD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: D ( ) Delete
Name: WRIGHT, KAREN
Address: 2002 ARLINGTON HEIGHTS ROAD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: D ( ) Delete
Name: CHAPIN, ROB
Address: 2002 ARLINGTON HEIGHTS ROAD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: STEPHEN SCHULTZ TREA 02/13/2009

Electronic Signature of Signing Officer or Director — Date