FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State B-OSMSPASS CORPORATIONS **1996:**ว-ว-96 N24703 DOCUMENT # LUTHERAN GENERAL BEHAVIORAL HEALTH CORP. Mailing Address Principal Place of Business 1775 DEMPSTER STREET 1775 DEMPSTER STREET LEGAL DEPT. 9 SOUTH PARK RIDGE IL 60068 PARK RIDGE IL 60068 e Incorporated or Qualified 02/05/1988 3a. Date of Last Report 04/17/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 36-3553760 Not Applicable 2025 Windsor Drive 21 \$8.75 Additional Suite, Ant. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 Oak Brook, <u>Illinois</u> 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip ☐ Yes No 30 Florida Statutes 29 60521 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET R3 SUITE 105 TALLAHASSEE FL 32301 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when runstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TIDES President TITLE UMMEL, STEPHEN L. 1.2 NAME Lawrence J. Majka NAME 1775 DEMPSTER STREET 13 STREET ADDRESS 2025 Windsor Drive STREET ADDRESS Oak Brook, IL 60521 PARK RIDGE IL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2 1 TITLE Chairperson/Director TITLE BRUEGGEMAN, STEVEN E 22 NAME Rose L. Vitacco NAME 1775 DEMPSTER STREET 2.3 STREET ADDRESS 2025 Windsor Drive STREET ADDRESS Oak Brook, Illinois 60521 PARK RIDGE IL 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DEFELE 3.1 TITLE TITLE HASBROUCK, GAIL D. 3 2 NAME NAME 2025 WINDSOR DR 3.3 STREET ADDRESS STREET ADDRESS OAK BROOK IL 3.4 CITY-ST-ZIP CITY - ST - Z/P Assistant Secretary Director Change Addition DELETE 41 TITLE AS TITLE Michael E. Kerns LANDECK, KATHERINE A ESQ. 4 2 NAME NAME 2025 Windsor Drive 1775 DEMPSTER 4.3 STREET ADDRESS STREET ADDRESS Oak Brook, Illinois 60521 PARK RIDGE IL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE Treasurer/Director TITLE DOOT, MARTIN M.D. 5.2 NAME Dominic Nakis NAME 1775 DEMPSTER 5.3 STREET ADDRESS 2025 Windsor Drive Oak Brook, Illinois 60521 STREET ADDRESS PARK RIDGE IL 5 4 CITY - ST - ZIP CITY - ST - ZIP X Addition 61 TITLE Assistant Treasurer TITLE 95 NAME STREET ADDRESS 1//5 DEMPSIEN 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 2025 Win isor Drive Oak Brook, Illinois 60521

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cartify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if chapged, or on an attachment with an address. LUSTER, RANDALL B Michael J. Hoy NAME

1-29-96

708/990-5035

(12/95)

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