2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001936

1. Entity Name

ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 027 ****61.25

Principal Place of Business	Mailing Address
414 PLAZA DR STE 209 WESTMONT IL 60559 US	414 PLAZA DR STE 209 WESTMONT IL 60559 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN-HANCOCK, NANCY L 7265 129TH ST, N SEMINOLE FL 33776	Name: John R. Mercier Street Address (P.O. Box Number is Not Acceptable): 4370 S. Tamiami Trail, Ste 150 City: Sarasota FL Zip Code: 34231

8. 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: John R. Mercier, Director, Vice Chair — DATE: 07/24/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V ☐ Delete	TITLE	Secretary ☒ Change ☐ Addition
NAME	LYSAKOWSKI, LINDA	NAME	
STREET ADDRESS	320 N. KENHURST BLVD.	STREET ADDRESS	320 N. Kenhorst Blvd
CITY-ST-ZIP	READING PA 19607	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	Vice Chair, Director ☒ Change ☐ Addition
NAME	MERCIER, JOHN	NAME	
STREET ADDRESS	4370 S. TAMIAMI TRAIL, ST.E 150	STREET ADDRESS	4370 S. Tamiami Trail, Ste 150
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	34231
TITLE	D ☒ Delete	TITLE	Chair ☐ Change ☒ Addition
NAME	BROWN-HANCOCK, NANCY	NAME	Mark J. Davy
STREET ADDRESS	7265 129TH ST, N	STREET ADDRESS	4500 Park Glen Road, Ste 280
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	St Louis Park, MN 55316
TITLE	D ☒ Delete	TITLE	~~Vice Chair~~ Director ☐ Change ☒ Addition
NAME	TWITCHELL, EMMA LEE	NAME	Alexander G. Macnab
STREET ADDRESS	1477 W FAIRBANKS, #100A	STREET ADDRESS	900 N. Franklin St., Ste 810
CITY-ST-ZIP	WINTER PARK FL 33789	CITY-ST-ZIP	Chicago, IL 60610
TITLE	D ☐ Delete	TITLE	Treasurer ☒ Change ☐ Addition
NAME	YUNKER, JAMES	NAME	
STREET ADDRESS	431 OHIO PIKE STE 105, N	STREET ADDRESS	
CITY-ST-ZIP	CINCINATTI OH 45255	CITY-ST-ZIP	Cincinnati, OH 45255
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED — John R. Mercier, Director, Vice Chair — Date: 07/24/2000 — Daytime Phone #: 941-921-5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR