

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002618

FILED
Mar 06, 2008
Secretary of State

Entity Name: THE WALTER R. AND SUSAN P. LOVEJOY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

11265 OLD HARBOUR RD
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

2015 SPRING RD
STE 235
OAK BROOK, IL 60523 US

New Mailing Address:

P.O. BOX 9748
NAPERVILLE, IL 60567 US

FEI Number: 65-0669040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVEJOY, WALTER R
11265 OLD HARBOUR ROAD
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408 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: PT () Delete
Name: LOVEJOY, WALTER R
Address: 1265 OLD HARBOUR ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VT () Delete
Name: LOVEJOY, SUSAN P
Address: 11265 OLD HARBOUR ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: STT () Delete
Name: KILLOREN, THOMAS A
Address: 120 W STATE STREET, STE 400
City-St-Zip: ROCKFORD, IL 61101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STT (X) Change () Addition
Name: KILLOREN, THOMAS A
Address: 120 W STATE STREET, STE 300
City-St-Zip: ROCKFORD, IL 61101

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: WALTER R. LOVEJOY

PT

03/06/2008

Electronic Signature of Signing Officer or Director

Date