

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005439

FILED
Mar 20, 2007
Secretary of State

Entity Name: LEBOR FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3453 N LAWNSDALE AVE
CHICAGO, IL 60618 US

New Principal Place of Business:

Current Mailing Address:

3453 N LAWNSDALE AVE
CHICAGO, IL 60618 US

New Mailing Address:

FEI Number: 65-0707660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALPEN, DAVID
DUNWOODY WHITE & LONDON
239 S. COUNTY RD., STE.300
PALM BEACH, FL 33480 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: LEBOR, ANDREW S
Address: 12 CHECHESSEE CIRCLE, CALLAWASSIE ISLAND
City-St-Zip: OKATIE, SC 29910

Title: SD () Delete
Name: SCHEU, KATHERINE L
Address: 10 OLD LOCKE RD
City-St-Zip: NORTH HAMPTON, NH 03862

Title: AT () Delete
Name: LEBOR, JOHN K
Address: 2090 EXCELSIOR SPRINGS CT
City-St-Zip: ELLICOTT CITY, MD 21042

Title: T () Delete
Name: LEBOR, TODD N
Address: 3453 N. LAWNSDALE AVE
City-St-Zip: CHICAGO, IL 60618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AT (X) Change () Addition
Name: LEBOR, JOHN K
Address: 21107 MILL BRANCH DR
City-St-Zip: LEESBURG, VA 20175

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD N. LEBOR

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03/20/2007

Electronic Signature of Signing Officer or Director

Date