2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N96000005439

Entity Name: LEBOR FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3453 N LAWNDALE AVE
CHICAGO, IL 60618 US

New Principal Place of Business:

Current Mailing Address:

3453 N LAWNDALE 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 & LANDON
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:	21107 MILL BRANCH DR	
City-St-Zip:	LEESBURG, VA 20175	
Title:	T	( ) Delete
Name:	LEBOR, TODD N	
Address:	3453 N. LAWNDALE 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:	( ) 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: TODD N. LEBOR T 04/15/2008

Electronic Signature of Signing Officer or Director — Date