## 2005 NOT-FOR-PROFIT CORPORATION ( A Manual Report (AR)

## DOCUMENT # N98000000802

1. Entity Name

THE MARY KAY AND JAMES D. FARLEY FUND, INC.



FILED Mar 09, 2005 8:00 am Secretary of State

03-09-2005 90037 050 \*\*\*\*61.25

			1							
Principal Plac	ce of Business	Mailing Address	•							
NORTHERN TRUST BANK 11301 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408-3220		NORTHERN TRUST BANK 11301 US HWY ONE NORTH PALM BEACH FL 33408								
2. Principal Place of Business		3. Mailing Address			( (23/119) 9/8	(215) (210) EBIN BBIN B	### #### #### <b>##</b>	ERI ERIEL GREIN EEL	EELET OF LABI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)					
City & State		City & State			4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Add	ress of New Re	gistered A	gent		
				Name						
PRESSLY, JR., JAMES G ESQ. 222 LAKEVIEW AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
SUI	TE 910				······································			-		
WE	ST PALM BEACH FL 33401		City		,		FL	Zip Code	÷	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in							rida. I am fa	 ımiliar with,	and accept	
the obligations of registered agent.										
SIGNATURE										
. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE										
FILE NOW: FEE IS \$61.25  Due By May 1, 2005.  9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		ke Check la Departi			
10.	OFFICERS AND DIF	RECTORS	11.		DDITIONS/CHANG	ES TO OFFICER	S AND DIR	ECTORS IN	10	
THILE	C SARIEV MAARY KAY	☐ Delete	TITLE	D		_		☐ Change	Addition	
NAME STREET ADDRESS	FARLEY, MARY KAY   7107 SE GOLFHOUSE DR		NAME STREET ADDRESS		LEY, ANDREW	E.				
CITY-ST-ZIP	HOBE SOUND FL 33455				CENTRAL ST STON,IL 6020	Λ1				
TITLE	VTDP	Detete	TITLE	EVAN	510N,1L 002	<u> </u>		☐ Change	☐ Addition	
NAME	FARLEY, JAMES D	D0000	NAME							
STREET ADDRESS	7107 SE GOLFHOUSE DR		STREET ADORESS							
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP							
TITLE -	ISD		TITLE					☐ Change	Addition	
NAME CIRCLI ADDRESS	JOHNSON, JEFFREY L 11301 US HWY ONE		NAME CIPTET ADDRESS							
STREET ADDRESS	NORTH PALM BEACH FL 33408		STREET ADDRESS CITY-ST-ZIP						,	
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	FARLEY, FRANCES ANNE	C Deserte	NAME							
STREET ADDRESS	281 CORRIE ROAD		STREET ADDRESS							
CITY-ST-ZIP	ANN ARBOR MI 48105		CITY-ST-ZIP							
TITLE	D FARIEV JAMES D IR	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	FARLEY, JAMES D JR. 518 10TH ST		ŅAME							
STREET ADDRESS	SANTA MONICA CA 90402-2818		STREET ADDRESS							
	D		CITY-ST-ZIP	_						
TITLE NAME	FARLEY, KATHRYN T	☐ Delete	TITLE NAME	D	TEST . 15TZ A MITTINSES	t Tr		X Change	Addition !	
LAMIAIC	4440 1115 1545 457 5		IAVIAIC	rakl	EY', KATHRYN	N L				

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.

A partituded to the corporation of the receiver of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1416 HINMAN AVE., APT 9

EVANSTON IL 60201

GNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFFREYL. VOLUSON 3/4/

807 CHURCH ST, APT. 401

EVANSTON, IL 60201

561-622-46