


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001564 1. Entity Name ROBERT T. FRIEDMAN FAMILY FOUNDATION, INC.					
Principal Place of Business 828 APPLE TREE LANE GLENVIEW, IL 60025			Mailing Address 828 APPLE TREE LANE GLENVIEW, IL 60025		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2462399	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent O'CONNOR, DANIEL P. J. 200 E. LAS OLAS BLVD, SUITE 1900 BRINKLEY, MCNERMY, MORGAN, SOBMAN & TATUM FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
D <input type="checkbox"/> Delete FRIEDMAN, ROBERT T 828 APPLE TREE LANE GLENVIEW, IL 60025	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000256090 03/08/05-80043-024 61.25				
D <input type="checkbox"/> Delete FRIEDMAN, NANCY T 828 APPLE TREE LANE GLENVIEW, IL 60025	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
D <input type="checkbox"/> Delete BASKE, MARY F 828 APPLE TREE LANE GLENVIEW, IL 60025	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Robert T. Friedman					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2-10-05 Daytime Phone # 847-651-3266					