


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001564</b> 1. Entity Name ROBERT T. FRIEDMAN FAMILY FOUNDATION, INC.	
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Principal Place of Business 828 APPLE TREE LANE GLENVIEW, IL 60025	Mailing Address 828 APPLE TREE LANE GLENVIEW, IL 60025
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 58-2462399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FRIEDMAN, ROBERT T
STREET ADDRESS	828 APPLE TREE LANE
CITY - ST - ZIP	GLENVIEW, IL 60025
TITLE	D
NAME	FRIEDMAN, NANCY T
STREET ADDRESS	828 APPLE TREE LANE
CITY - ST - ZIP	GLENVIEW, IL 60025
TITLE	D
NAME	BASKE, MARY F
STREET ADDRESS	828 APPLE TREE LANE
CITY - ST - ZIP	GLENVIEW, IL 60025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000391251  
01/24/06-80032-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert T. Friedman **ROBERT T. Friedman** 1/9/06 847-681-326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #