2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P00765

Entity Name: UNIVERSITY OF ST. FRANCIS CORPORATION

Current Principal Place of Business:

500 N. WILCOX STREET
JOLIET, IL 60435

New Principal Place of Business:

Current Mailing Address:

500 N. WILCOX STREET
JOLIET, IL 60435

New Mailing Address:

FEI Number: 36-2170999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCOY, JANICE
3330 SPARTINA AVE.
MERRITT ISLAND, FL 32953 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:	P	( ) Delete
Name:	MURPHY, CAROLYN,	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL 60435	
Title:	V	( ) Delete
Name:	WEBB, J B	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL 60435	
Title:	S	( ) Delete
Name:	VINCIGUERRA, MICHAEL J	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL 60435	
Title:	T	( ) Delete
Name:	BROWN, MICHAEL J.,	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL	
Title:	D	( ) Delete
Name:	MANNER, JOHN	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL	
Title:	D	( ) Delete
Name:	FLAVIN, THOMAS,	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL 60435	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BARR, GEORGE	
Address:	500 N. WILCOX STREET	
City-St-Zip:	JOLIET, IL 60435	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. VINCIGUERRA S 01/15/2004

Electronic Signature of Signing Officer or Director — Date