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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16336** **(0)**

1. Corporation Name

NATIONAL-LOUIS UNIVERSITY INCORPORATED

Principal Place of Business	Mailing Address
2840 SHERIDAN ROAD EVANSTON IL 60201	2840 SHERIDAN ROAD EVANSTON IL 60201-1730

3. Date Incorporated or Qualified: **10/12/1987**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **36-2167804** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HERRON, ORLEY R.		1.2 NAME		
STREET ADDRESS	32 LINDEN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL 60091		1.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RANDALL, LON D.		2.2 NAME		
STREET ADDRESS	115 GARRISON		2.3 STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL 60201		2.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	3.1 TITLE	D	XX Change ☐ Addition
NAME	DAY, ROBERT J.		3.2 NAME	Theodore E. Hanson	
STREET ADDRESS	14 CHARLESTON RD.		3.3 STREET ADDRESS	1901 N. Roselle Rd. Suite 829	
CITY-ST-ZIP	HINSDALE IL 60521		3.4 CITY-ST-ZIP	Schaumburg IL 60195	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MINSHALL, JOHN W		4.2 NAME		
STREET ADDRESS	11650 W 38TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WHEATRIDGE CO 80033		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JEFFRIES, JOHN A		5.2 NAME		
STREET ADDRESS	110 N. LAKE SHORE DR. #19B		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CODY, KATHRYN E		6.2 NAME		
STREET ADDRESS	2840 SHERIDAN RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL 60201		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Lon D. Randall (847) 475-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076290