

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16336** (0)

1. Corporation Name

NATIONAL-LOUIS UNIVERSITY INCORPORATED



Principal Place of Business 2840 SHERIDAN ROAD EVANSTON IL 60201	Mailing Address 2840 SHERIDAN ROAD EVANSTON IL 60201
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3. Date Incorporated or Qualified
10/12/1987

4. FEI Number
36-2167804

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

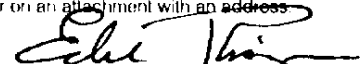
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HERRON, ORLEY R. 32 LINDEN STREET WILMETTE IL 60091	1.1 TITLE	PD RISINGER, EDWARD A., PH.D. 1000 CAPITOL DRIVE WHEELING, ILLINOIS 60090
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	EVP RANDALL, LON D. 115 GARRISON EVANSTON IL 60201	2.1 TITLE	D RUSIN, PETER 1301 S. GROVE AVENUE BARRINGTON, ILLINOIS 60010
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HANSON, THEODORE E. 1901 N ROSELLE RD., SUITE 829 SCHAUMBURG IL	3.1 TITLE	D BUCK, JOHN A., II 233 S. WACKER DR., # 550 CHICAGO, ILLINOIS 60606
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MINSHALL, JOHN W 11650 W 38TH PLACE WHEATRIDGE CO 80033	4.1 TITLE	TD OSBORNE, BRUCE 520 GREEN BAY ROAD WINNETKA, ILLINOIS 60093
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD JEFFRIES, JOHN A 110 N. LAKE SHORE DR. #19B CHICAGO IL 60611	5.1 TITLE	CD JEFFRIES, JOHN A. 115 S. LA SALLE STREET, # 3500 CHICAGO, ILLINOIS 60603
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD CODY, KATHRYN E 2840 SHERIDAN RD. EVANSTON IL 60201	6.1 TITLE	SD WEINSTEIN, EDITH 1420 SHERIDAN ROAD WILMETTE, ILLINOIS 60091
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  2-3-98 897-465-0525 x516

CR2E037 (10/97)