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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16336**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/12/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2167804 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☒ Change ☐ Addition
NAME	RISINGER, EDWARD A PH.D		1.2 NAME	McCray, Curtis, Ph.D.	
STREET ADDRESS	1000 CAPITOL DR		1.3 STREET ADDRESS	18 South Michigan Avenue	
CITY-ST-ZIP	WHEELING IL 60090		1.4 CITY-ST-ZIP	Chicago, Illinois 60201	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSIN, PETER		2.2 NAME		
STREET ADDRESS	1301 S GROVE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL 60010		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCK, JOHN A I		3.2 NAME		
STREET ADDRESS	233 S WACKER DR #550		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, BRUCE		4.2 NAME		
STREET ADDRESS	520 GREEN BAY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINNETKA IL 60093		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JEFFRIES, JOHN A		5.2 NAME		
STREET ADDRESS	115 S LA SALLE ST #3500		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60603		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, EDITH		6.2 NAME		
STREET ADDRESS	1420 SHERIDAN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL 60091		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, with all other like empowered.

SIGNATURE: _____ **FILED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)