## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 09, 2002 8:00 am § Secretary of State **DOCUMENT # P16336** NATIONAL-LOUIS UNIVERSITY INCORPORATED 05-09-2002 90063 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 2840 SHERIDAN ROAD 1000 Capitol Dr **EVANSTON IL 60201** FINANCIAL SERVICES WHEELING IL 60090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2167804 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC Street Address (P.O. Box Number is Not Acceptable) 110 N MAGNOLIA ST TALLAHASSEE FL 32301 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition MCCRAY, CURTIS PHD NAME NAME STREET ADDRESS 122 S MICHIGAN AVE STREET ADDRESS CiTY-ST-7IP CHICAGO IL 60603 CITY-ST-ZIP Delete TITLE Change Ch ☐ Addition HANSON, THEODORE NAME Kerry J. Kopera NAME 122 SOUTH MICHIGAN AVE STREET ADDRESS 1000 Capitol Drive STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60603 CITY-ST-ZIP Wheeling, IL 60090 ☐ Delete TITLE ☐ Change ☐ Addition MCDERMOTT, MICHAEL L NAME STREET ADDRESS 30 N LA SALLE ST STE 4100 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP TITLE Delete TITLE ☐ Change LOUIS, JOHN JEFFRY ☐ Addition NAME STREET ADDRESS 225 W WACKER DR STE 1010 STREET ADDRESS CITY-ST-ZIF CHICAGO IL 60606 CITY-ST-ZIP TITLE SD ☐ Delete TITLE RYAN, LAWRENCE D Change ☐ Addition NAME STREET ADDRESS 122 SOUTH MICHIGAN AVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60603 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Weinstein, Edith

1420 SHERIDAN RD

WILMETTE IL 60091

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition

## NATIONAL-LOUIS UNIVERSITY BOARD OF TRUSTEES 2001 – 2002

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