2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16336

FILED Apr 05, 2006 Secretary of State

Entity Name: NATIONAL-LOUIS UNIVERSITY INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 2840 SHERIDAN ROAD 122 S. MICHIGAN EVANSTON, IL 60201 CHICAGO, IL 60603 **Current Mailing Address: New Mailing Address:** 1000 CAPITOL DR FINANCIAL SERVICES WHEELING, IL 60090 FEI Number: 36-2167804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC 110 N MAGNOLIA ST TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change () Addition () Delete MCCRAY, CURTIS PHD Name: PAPPAS, RICHARD PHD Name: 122 S MICHIGAN AVE Address: 122 S MICHIGAN AVE Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: CHICAGO, IL 60603 Title: () Delete Title: () Change () Addition KOPERA, KERRY J Name: Name: Address: 1000 CAPITOL DR Address: City-St-Zip: WHEELING, IL 60090 City-St-Zip: Title: () Delete Title: () Change () Addition ALDINGER, ALBERTA M Name: Name: Address: 122 S. MICHIGAN AVENUE Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: CD () Delete Title: () Change () Addition Name: RAUNER, DIANA Name: Address: 122 SOUTH MICHIGAN AVENUE Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: () Delete Title: () Change () Addition RYAN, LAWRENCE D Name: Name: 122 SOUTH MICHIGAN AVE Address: Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, RICHARD Name: Name: Address: 122 SOUTH MICHIGAN Address: CHICAGO, IL 60603 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KERRY KOPERA VP 04/05/2006