

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16336

FILED  
May 08, 2007  
Secretary of State

**Entity Name:** NATIONAL-LOUIS UNIVERSITY INCORPORATED

**Current Principal Place of Business:**

122 S. MICHIGAN  
CHICAGO, IL 60603

**New Principal Place of Business:**

**Current Mailing Address:**

1000 CAPITOL DR  
FINANCIAL SERVICES  
WHEELING, IL 60090

**New Mailing Address:**

**FEI Number:** 36-2167804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

Title: PRES ( ) Delete  
Name: PAPPAS, RICHARD PHD  
Address: 122 S MICHIGAN AVE  
City-St-Zip: CHICAGO, IL 60603

Title: VP ( ) Delete  
Name: KOPERA, KERRY J  
Address: 1000 CAPITOL DR  
City-St-Zip: WHEELING, IL 60090

Title: D ( ) Delete  
Name: ALDINGER, ALBERTA M  
Address: 122 S. MICHIGAN AVENUE  
City-St-Zip: CHICAGO, IL 60603

Title: CD ( ) Delete  
Name: RAUNER, DIANA  
Address: 122 SOUTH MICHIGAN AVENUE  
City-St-Zip: CHICAGO, IL 60603

Title: SD ( ) Delete  
Name: RYAN, LAWRENCE D  
Address: 122 SOUTH MICHIGAN AVE  
City-St-Zip: CHICAGO, IL 60603

Title: TD ( ) Delete  
Name: ROSS, RICHARD  
Address: 122 SOUTH MICHIGAN  
City-St-Zip: CHICAGO, IL 60603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 J. KOPERA

VP

05/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date