2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P16336

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 ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM,INC
110 N MAGNOLIA ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: MARTY, MICKEY J
Address: 1000 CAPITOLDRIVE
City-St-Zip: WHEELING, IL 60090

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CONT (X) Change ( ) Addition
Name: MARTY, MICKEY J
Address: 1000 CAPITOLDRIVE
City-St-Zip: WHEELING, IL 60090

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: CFO ( ) Change (X) Addition
Name: KAY, KENT
Address: 122 SOUTH MICHIGAN
City-St-Zip: CHICAGO, IL 60603

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: MARTY MICKEY CONT 04/24/2009

Electronic Signature of Signing Officer or Director — Date