

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818789

FILED
Jan 29, 2020
Secretary of State
8835233229CC

Entity Name: THE NATIONAL ANTI-VIVISECTION SOCIETY

Current Principal Place of Business:

53 W JACKSON BLVD
SUITE 1552
CHICAGO, IL 60604

Current Mailing Address:

53 W JACKSON BLVD
SUITE 1552
CHICAGO, IL 60604 US

FEI Number: 36-2229588

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 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: PRAVEENA MCGHEE

01/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MANN, MICHAEL B
Address 336 EASTGROVE
City-State-Zip: RIVERSIDE IL 60546

Title EXECUTIVE DIRECTOR
Name KANDARAS, KENNETH
Address 53 WEST JACKSON BLVD
 SUITE 1552
City-State-Zip: CHICAGO IL 60604

Title D
Name O'DONOVON, PETER
Address 900 S. PEALE
City-State-Zip: PARK RIDGE IL 60068

Title VP
Name LIGON, MARY ANN
Address 6506 NORTH CAMPBELL AVENUE
City-State-Zip: CHICAGO IL 60645

Title SECRETARY/TREASURER
Name MCHUGH, JOSEPH
Address 6059 NORTH KIRKWOOD AVENUE
City-State-Zip: CHICAGO IL

Title DIRECTOR OF FINANCIAL
 OPERATIONS
Name DOUBEK, ALYSON
Address 53 WEST JACKSON BLVD
 SUITE 1552
City-State-Zip: CHICAGO IL 60604

Title DIRECTOR
Name MAHONEY, TOM
Address 1833 MILTON AVENUE
City-State-Zip: NORTHBROOK IL 60062

I hereby 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 all other like empowered.

SIGNATURE: ALYSON DOUBEK

DIRECTOR OF FINANCIAL 01/29/2020
OPERATIONS

Electronic Signature of Signing Officer/Director Detail

Date