

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819950

Entity Name: RECOVERY INTERNATIONAL INCORPORATED**Current Principal Place of Business:**105 W. ADAMS STREET SUITE 2940
CHICAGO, IL 60603**Current Mailing Address:**105 W. ADAMS STREET SUITE 2940
CHICAGO, IL 60603**FEI Number: 36-2041667****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REETZ, MARY K
7509 LOVELY LN
ORLANDO, FL 32810 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**Officer/Director Detail :**Title TREASURER
Name SACHNOFF, BRUCE
Address 126 FIELD CLUB DRIVE
City-State-Zip: PITTSBURGH 15238Title D
Name LAMPEY, JOANNE
Address 125 PRINCESS DRIVE
City-State-Zip: ROCHESTER NY 14623Title SECRETARY
Name JUNGHEIM, CELINDA
Address 13219 G FIJI WAY
City-State-Zip: MARINA DEL REY CA 90292Title PRESIDENT
Name PRUDEN, RUDOLPH
Address 709 6TH STREET SW
City-State-Zip: WASHINGTON DC 20024Title EXECUTIVE DIRECTOR
Name LEWIS , CHRISTINE
Address 105 W. ADAMS STREET SUITE 2940
City-State-Zip: CHICAGO IL 60603

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: CHRISTINE LEWIS**EXECUTIVE DIRECTOR****07/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date