

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004515

Entity Name: THE GREAT BOOKS FOUNDATION, INC.

FILED
Feb 23, 2015
Secretary of State
CC6345688879

Current Principal Place of Business:

35 E WACKER DR SUITE 400
CHICAGO, IL 60601-2105

Current Mailing Address:

35 E WACKER DR SUITE 400
CHICAGO, IL 60601-2105

FEI Number: 36-2182034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name POLLOCK, ALEX J
Address 35 E WACKER DR SUITE 400
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR
Name CONLON, KEVIN
Address 35 E WACKER DR SUITE 400
City-State-Zip: CHICAGO IL 60601-2105

Title D
Name BARTON, PAUL
Address 35 E WACKER DR SUITE 400
City-State-Zip: CHICAGO IL 60601-2105

Title D
Name BOWMAN, BARBARA T
Address 35 E WACKER DR SUITE 400
City-State-Zip: CHICAGO IL 60601-2105

Title DIRECTOR
Name SCHUEPPERT, GEORGE L
Address 35 E WACKER DR SUITE 400
City-State-Zip: CHICAGO IL 60601-2105

Title VPST
Name WALTON, PETER
Address 35 E WACKER DR SUITE 400
City-State-Zip: CHICAGO IL 60601-2105

Title P
Name COULSON, JOSEPH
Address 35 EAST WACKER DRIVE
400
City-State-Zip: CHICAGO IL 60601

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: PETER WALTON

CFO

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date