

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:46

DOCUMENT # **F93000002142 (8)**

1. Corporation Name

CANCER TREATMENT RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

3455 SALT CREEK LANSE, #200
ARLINGTON HEIGHTS IL 60005-1090

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ARLINGTON HEIGHTS IL 60005-1090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

10/26/1994

4. FEI Number

73-1386920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: CD
NAME: STEPHENSON, RICHARD J
STREET ADDRESS: 125 BUCKLEY RD.
CITY-ST-ZIP: BARRINGTON HILLS IL 60010

11 TITLE: D Change Addition
12 NAME: Sarah S. Bacus, Ph.D.
13 STREET ADDRESS: 925 South Route 83
14 CITY-ST-ZIP: Elmhurst IL 60126

TITLE: PD
NAME: FITZSIMONS, FREDERICK J
STREET ADDRESS: 5 REVERE DRIVE, SUITE 103
CITY-ST-ZIP: NORTHBROOK IL 60062

21 TITLE: D Change Addition
22 NAME: Barbara Goldberg
23 STREET ADDRESS: 109 Stonegate Road
24 CITY-ST-ZIP: Buffalo Grove, IL 60089

TITLE: VD
NAME: MAYO, ROBERT W
STREET ADDRESS: 112 BRINKER ROAD
CITY-ST-ZIP: BARRINGTON HILLS IL 60010

31 TITLE: D Change Addition
32 NAME: Chapman Kelley
33 STREET ADDRESS: 1350 North Wells, A206
34 CITY-ST-ZIP: Chicago, IL 60610

TITLE: VD
NAME: MAXWELL, PATRICIA J
STREET ADDRESS: 1130 S. MICHIGAN AVE., #2804
CITY-ST-ZIP: CHICAGO IL 60605

41 TITLE: D Change Addition
42 NAME: Donald L. Maloney Director
43 STREET ADDRESS: 110 Rose Terrace
44 CITY-ST-ZIP: Barrington, IL 60010

TITLE: TD
NAME: LUBIN, BRUCE
STREET ADDRESS: 5217 BRIARCREST LANE
CITY-ST-ZIP: LONG GROVE IL 60047

51 TITLE: D Change Addition
52 NAME: Anthony Renzo
53 STREET ADDRESS: 2712 Thornton Avenue
54 CITY-ST-ZIP: Des Moines, IA 50321

TITLE: SD
NAME: COOLLEY, NANCY C
STREET ADDRESS: 534 DEERFIELD RD.
CITY-ST-ZIP: DEERFIELD IL 60015

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 (708) 342-7438
DATE (Typed Name)