2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002142

FILED Feb 16, 2004 Secretary of State

Entity Name: CANCER TREATMENT RESEARCH FOUNDATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 122	CREEK LANI					
ARLINGTO	N HEIGHTS,	IL 60005				
Current Mailing Address:			New Maili	New Mailing Address:		
	CREEK LAN	≣				
SUITE 122 ARLINGTO	N HEIGHTS,	IL 60005				
FEI Number:	73-1386920	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Statu	s Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered A	gent:	
1200 SOUT	ORATION SYS FH PINE ISLAI ON, FL 33324	ND ROAD				
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered	agent, or both,	
SIGNATUR						
	Electror	ic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STEPHENSON, 125 BUCKLEY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MAYO, ROBER 112 BRINKER I		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	INGBER, FERN 3150 SALT CR	Delete I K EEK LANE, STE. 122 EIGHTS, IL 60005	Title: Name: Address: City-St-Zip:	P (X) Change () Addition NORRIS, DENNIS 3150 SALT CREEK LANE, STE. 122 ARLINGTON HEIGHTS, IL 60005		
Title: Name: Address: City-St-Zip:	TD () LUBIN, BRUCE 135 S LASALLE CHICAGO, IL 6	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PAYTON, CON 34 MUNDHANK		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VD () Change (X) Addition KNEALE, MICHAEL 83 PONDEROSA DRIVE GRAND ISLAND, NE 68803		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS NORRIS P 02/16/2004

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