


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90011 011 ****61.25

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DOCUMENT # F93000002142			
1. Entity Name CANCER TREATMENT RESEARCH FOUNDATION, INC.			
Principal Place of Business 3150 SALT CREEK LANE SUITE 122 ARLINGTON HEIGHTS, IL 60005		Mailing Address 3150 SALT CREEK LANE SUITE 122 ARLINGTON HEIGHTS, IL 60005	
2. Principal Place of Business 1336 BASSWOOD ROAD Suite, Apt. #, etc.		3. Mailing Address 1336 BASSWOOD ROAD Suite, Apt. #, etc.	
City & State SCHAUMBURG, IL		City & State SCHAUMBURG, IL	
Zip 60173	Country USA	Zip 60173	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEPHENSON, ALICIA L 125 BUCKLEY RD. BARRINGTON HILLS, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROD MURRAY 135 S. LA SALLE CHICAGO, IL 60603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, ROBERT W 112 BRINKER ROAD BARRINGTON HILLS, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM DUENSING 28955 W. MIDWAY STREET CARY ILLINDIS 60013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KEN 36474 DOUGLASS TERRACE GURNEE, IL 60031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT GRAHAM 63 BRINKE R. ROAD BARRINGTON IL, 60010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBIN, BRUCE 135 S LASALLE STREET CHICAGO, IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATREA LOIS CONKLIN 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYTON, CONNIE 3150 SALT CREEK LANE SUITE 122 ARLINGTON HEIGHTS, IL 60005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MELISSA PONTIKES 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGOIRE, JOSEPH 2021 SPRING RD SUITE 600 OAK BROOK, IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Melissa L. Pontikes</u>		Date: <u>2-7-06</u> Daytime Phone #: <u>847-342-7450</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			