

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2009**  
**Secretary of State**

DOCUMENT# F93000002142

Entity Name: GATEWAY FOR CANCER RESEARCH, INC.

**Current Principal Place of Business:**

1336 BASSWOOD ROAD  
SCHAUMBURG, IL 60173

**New Principal Place of Business:**

**Current Mailing Address:**

1336 BASSWOOD ROAD  
SCHAUMBURG, IL 60173

**New Mailing Address:**

FEI Number: 73-1386920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR.  
STE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: STEPHENSON, ALICIA L  
Address: 125 BUCKLEY RD.  
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: D      ( ) Delete  
Name: MAYO, ROBERT W  
Address: 112 BRINKER ROAD  
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: D      ( ) Delete  
Name: SMITH, KEN  
Address: 2355 S ARLINGTON HEIGHTS ROAD #110  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: D      ( ) Delete  
Name: LUBIN, BRUCE  
Address: 135 S LASALLE STREET  
City-St-Zip: CHICAGO, IL 60603

Title: D      ( ) Delete  
Name: PAYTON, CONNIE  
Address: 1336 BASSWOOD RD  
City-St-Zip: SCHAUMBURG, IL 60173

Title: D      ( ) Delete  
Name: GREGOIRE, JOSEPH  
Address: 2021 SPRING RD SUITE 600  
City-St-Zip: OAK BROOK, IL 60523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOIS Y. CONKLIN

ASST

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date