

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1997 MAR 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F93000002142 (8)
 1. Corporation Name
CANCER TREATMENT RESEARCH FOUNDATION, INC.

Principal Place of Business: 3455 SALT CREEK LANE, #200 ARLINGTON HEIGHTS IL 60005-1090
 Mailing Address: 3455 SALT CREEK LANE, #200 ARLINGTON HEIGHTS IL 60005-1090

24. Principal Place of Business: Suite, Apt. #, etc.
 25. Mailing Address: Suite, Apt. #, etc.
 26. City & State
 27. Zip
 28. Country

3. Date Incorporated or Qualified: 05/07/1993
 3a. Date of Last Report: 03/30/1995
 4. FEI Number: 73-1386920
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: *Shelly Dabney* AUTHORIZED REPRESENTATIVE 1/10/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	100002110581-1 Change Addition
NAME	STEPHENSON, RICHARD J	1.2 NAME	-03/11/97--01133--009
STREET ADDRESS	125 BUCKLEY RD.	1.3 STREET ADDRESS	*****236.25 *****236.25
CITY-ST-ZIP	BARRINGTON HILLS IL 60010	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	FITZSIMONS, FREDERICK J	2.2 NAME	REINSTATEMENT <i>add 3/10/97</i>
STREET ADDRESS	5 REVERE DRIVE, SUITE 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, ROBERT W	3.2 NAME	
STREET ADDRESS	112 BRINKER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON HILLS IL 60010	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	100002110581--1 Change Addition
NAME	MAXWELL, PATRICIA J	4.2 NAME	-03/11/97--01133--010
STREET ADDRESS	1130 S. MICHIGAN AVE., #2804	4.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	CHICAGO IL 60605	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBIN, BRUCE	5.2 NAME	
STREET ADDRESS	5217 BRIARCREST LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLLEY, NANCY C	6.2 NAME	
STREET ADDRESS	534 DEERFIELD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	6.4 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 119.07(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 617, 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
 12/26/96 342-7445
 Date Daytime Phone #

CR2E037 (3/96)