



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90505 024 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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		<div style="text-align: right; font-size: 24pt; font-weight: bold;">90099677</div>  <p><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 73-1386920	Applied For Not Applicable
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and job if applicable. (NOTE: Registered Agent's signature required when returning)</small>					
FILE NOW! FEE IS \$61.25		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 TO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEPHENSON, RICHARD J 125 BUCKLEY RD. BARRINGTON HILLS, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGBER, FERN K 3150 SALT CREEK LANE, STE. 122 ARLINGTON HEIGHTS, IL 60005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUBIN, BRUCE 136 S LASALLE STREET CHICAGO, IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAYTON, CONNIE 34 MUNDHANK ROAD SOUTH BARRINGTON, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, DANIEL W MD 100 UNITED NATIONS PLAZA, #18 B NEW YORK, NY 10017 <input checked="" 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 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 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 another like empowered.					
SIGNATURE: <i>Daniel W Nixon</i>		Date: 4-17-03		Daytime Phone: 847-342-7469	

CR2E037 (10/02)

ATTACHMENT

90099677

Cancer Treatment Research Foundation, Inc.
F93000002142

Section 11. Officers and Directors (continued):

AS: Lois Conklin

3150 Salt Creek Lane, Suite 122
Arlington Heights, IL 60005

AT: Phillip J. Picchiatti

3150 Salt Creek Lane, Suite 122
Arlington Heights, IL 60005

D: Joseph S. Schuchert

44 Polo Drive
P.O. Box 506
Big Horn, WY 82833

D: Charles Humbard

204 Clear Springs Lane
Peachtree City, GA 30269

D: Michael Kneale, Ph.D.

83 Ponderosa Drive
Grand Island, NE 68803

D: George P. Zabrecky, BS, DC, MD

31 Bailey Avenue
Ridgefield, CT 06877

D: Joseph Gregoire

2021 Spring Road, Suite 600
Oak Brook, IL 60523

D: Alicia L. Stephenson

125 Buckley Road
Barrington Hills, IL 60

D: Horst H. Schulze

100 West Ferry Paces Road
Atlanta, GA 30305

D: Roberta Flack

330 E. 43rd Street, Suite 102
New York, NY 10017

D: Peter Martino

40 Lakeside Avenue
Verona, NJ 07044

D: Corrine Wood

191 N. Mayflower
Lake Forest, IL 60045