

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91278 011 ****61.25

DOCUMENT # F01000002846



1. Entity Name
ALPHA XI DELTA FRATERNITY, INC.

Principal Place of Business Mailing Address
8702 FOUNDERS ROAD 8702 FOUNDERS ROAD
INDIANAPOLIS IN 46268 INDIANAPOLIS IN 46268

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 **36-0720566** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input type="checkbox"/> Delete
NAME	HOOPER SUTTON, JANE	
STREET ADDRESS	761 SILVERWOOD DR.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TREADWELL-MILLER, CYNTHIA	
STREET ADDRESS	4253 EAST. BENNINGTON AVE.	
CITY-ST-ZIP	CASTLE ROCK CO 80104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASS, DEBORAH F	
STREET ADDRESS	21201 ANDREAS COURT	
CITY-ST-ZIP	ASHBURN VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSBORNE, TRACY K	
STREET ADDRESS	1285 E. WANDSWORTH CIRCLE	
CITY-ST-ZIP	ROSELLE IL 60172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	3105 CEDAR AVENUE	
CITY-ST-ZIP	LINCOLN NE 68502	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SNYDER, MARY RUTH H	
STREET ADDRESS	6659 AINTROO COURT	
CITY-ST-ZIP	INDIANAPOLIS IN 46250-4412	

TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Williams, Dorothy Sheldra</i>	
STREET ADDRESS	<i>3006 Tyndrum Drive</i>	
CITY-ST-ZIP	<i>Durham, Nc 27705</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sara Nash</i>	
STREET ADDRESS	<i>9740 Sawgrass Court</i>	
CITY-ST-ZIP	<i>Carmel, IN 46032</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *X [Signature]* **REQUIRED**

4/21/03 (817)872-3500

CR2E037 (10/02)