


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 A**  
**Secretary of State**

DOCUMENT # F02000000869  
 1. Entity Name  
 KETTERING UNIVERSITY, INC.



Principal Place of Business 1700 WEST THIRD AVENUE FLINT, MI 48504-4898	Mailing Address 1700 WEST THIRD AVENUE FLINT, MI 48504-4898
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 38-2410852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN, JAMES E.A. 1700 WEST THIRD AVENUE FLINT, MI 485044898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNHAM, JOANNE 1700 WEST THIRD AVENUE FLINT, MI 485044898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLT, SUSAN K 1700 WEST THIRD AVENUE FLINT, MI 485044898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD KAGLE, ROBERT C 2480 SAND HILL ROAD, SUITE 200 MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, JANE L 901 TOWER DRIVE TROY, MI 48098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOSEPH B JR. 42555 MERRILL STERLING HEIGHTS, MI 483143266

**DO NOT WRITE IN THIS SPACE**

100000002911  
 01/13/04-80033-021 61.25

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: Susan K. Bolt Susan K. Bolt (810)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01-06-04 762-9790  
Date Daytime Phone #