


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 1700 WEST THIRD AVENUE 1700 WEST THIRD AVENUE
 FLINT, MI 48504-4898 FLINT, MI 48504-4898

DO NOT WRITE IN THIS SPACE



04082005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

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	CD 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

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 04/18/05-80072-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 04-15-2005 (810) 762-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #