

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 034 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # F0200000869					
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		
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 38-2410852	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, JAMES E.A.		NAME	Liberty, Stanley R.	
STREET ADDRESS	1700 WEST THIRD AVENUE		STREET ADDRESS	1700 W Third Avenue	
CITY-ST-ZIP	FLINT, MI 485044898		CITY-ST-ZIP	Flint MI 48504-4898	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, JOANNE		NAME	Reynolds, Susan	
STREET ADDRESS	1700 WEST THIRD AVENUE		STREET ADDRESS	1700 W Third Avenue	
CITY-ST-ZIP	FLINT, MI 485044898		CITY-ST-ZIP	Flint MI 48504-4898	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLT, SUSAN K		NAME		
STREET ADDRESS	1700 WEST THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FLINT, MI 485044898		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGLE, ROBERT C		NAME		
STREET ADDRESS	2480 SAND HILL ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK, CA 94025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, JANE L		NAME		
STREET ADDRESS	901 TOWER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TROY, MI 48098		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOSEPH B JR.		NAME		
STREET ADDRESS	42555 MERRILL		STREET ADDRESS		
CITY-ST-ZIP	STERLING HEIGHTS, MI 483143266		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Susan K. Bolt</i>			Susan K. Bolt		810 762-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #



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**Please email sreynold@kettering.edu or
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Updated 8-24-05 Trustee Address List

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