

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 31, 2009  
Secretary of State

DOCUMENT# F02000000869

Entity Name: KETTERING UNIVERSITY, INC.

**Current Principal Place of Business:**

1700 WEST THIRD AVENUE  
FLINT, MI 485044898

**New Principal Place of Business:**

**Current Mailing Address:**

1700 WEST THIRD AVENUE  
FLINT, MI 485044898

**New Mailing Address:**

FEI Number: 38-2410852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIBERTY, STANLEY R  
Address: 1700 WEST THIRD AVENUE  
City-St-Zip: FLINT, MI 485044898

Title: S ( ) Delete  
Name: REYNOLDS, SUSAN  
Address: 1700 WEST THIRD AVENUE  
City-St-Zip: FLINT, MI 485044898

Title: T ( ) Delete  
Name: BOLT, SUSAN K  
Address: 1700 WEST THIRD AVENUE  
City-St-Zip: FLINT, MI 485044898

Title: CD ( ) Delete  
Name: COVENTRY, BRUCE D  
Address: CIMS 420-00-00 5800 ANN ARBOR RD  
City-St-Zip: DUNDEE, MI 48131

Title: D ( ) Delete  
Name: COWGER, GARY L  
Address: 300 RENAISSANCE CTR MC 482-C37-D81  
City-St-Zip: DETROIT, MI 48265

Title: D ( ) Delete  
Name: DEDO, JACQUELINE A  
Address: PO BOX 6929, MC BON-02  
City-St-Zip: CANTON, OH 44706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: COVENTRY, BRUCE D  
Address: 800 CHRYSLER DRIVE  
City-St-Zip: AUBURN HILLS, MI 48326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN K. BOLT

TRSR

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date