

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005312

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** THE UNIVERSITY OF ARKANSAS FOUNDATION, INC.

**Current Principal Place of Business:**

700 REASEARCH CENTER BLVD.  
MS-7  
FAYETTEVILLE,, AR 72701

**New Principal Place of Business:**

**Current Mailing Address:**

700 REASEARCH CENTER BLVD.  
MS-7  
FAYETTEVILLE,, AR 72701

**New Mailing Address:**

**FEI Number:** 71-6056774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MR ( ) Delete  
Name: MOORE, JERRY  
Address: 700 RESEARCH CTR BLVD MS-7  
City-St-Zip: FAYETTEVILLE, AR 72701

Title: MRS ( ) Delete  
Name: LEE, DIANNA  
Address: 700 RESEARCH CTR BLVD MS-7  
City-St-Zip: FAYETTEVILLE, AR 72701

Title: MR ( ) Delete  
Name: OLDHAM, FRANK W  
Address: AMERICAN STATE BANK, 2201 FAIRPARK  
City-St-Zip: JONESBORO, AR 72401

Title: MR ( ) Delete  
Name: EPLEY, LEWIS E JR  
Address: 2805 BRANDON CIR.  
City-St-Zip: FAYETTEVILLE,, AR 72703

Title: MR ( ) Delete  
Name: HARRISON, FRED  
Address: 212 CENTER STREET  
City-St-Zip: LITTLE ROCK, AR 72201

Title: MR ( ) Delete  
Name: BLACK, FREDDIE  
Address: 425 STUART ISLAND DR  
City-St-Zip: LAKE VILLAGE, AR 71653

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

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 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 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: DIANNA LEE

MRS

04/22/2005

Electronic Signature of Signing Officer or Director

Date