

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000005814**

1. Entity Name  
MONMOUTH UNIVERSITY, INC.



Principal Place of Business  
400 CEDAR AVENUE  
WEST LONG BRANCH, NJ 07764

Mailing Address  
400 CEDAR AVENUE  
WEST LONG BRANCH, NJ 07764

**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
21-0634584 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATE ACCESS, INC.  
326 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303

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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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GAFFNEY, PAUL G II
STREET ADDRESS	400 CEDAR AVENUE
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764
TITLE	S
NAME	LARRISONB, DEBORAH B
STREET ADDRESS	400 CEDAR AVENUE
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764
TITLE	T
NAME	SCULTHORPE, ROBERT B
STREET ADDRESS	400 CEDAR AVENUE
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764
TITLE	CD
NAME	PARKS, STEPHEN M
STREET ADDRESS	400 CEDAR AVENUE
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764
TITLE	D
NAME	SCHIAVETTI, JR, ALRED J
STREET ADDRESS	400 CEDAR AVENUE
CITY-ST-ZIP	WEST LONG BRANCH, NJ 07764
TITLE	D
NAME	CORLISS, PAUL W
STREET ADDRESS	2430 STATE HIGHWAY #34
CITY-ST-ZIP	MANASQUAN, NJ 08736

U00000674385  
03/23/07-80068-005 61.25

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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: Paul G. Gaffney II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/07  
Date

732-571-3402  
Daytime Phone #