## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005814

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FILED Mar 10, 2009 Secretary of State

Entity Name: MONMOUTH UNIVERSITY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764 **Current Mailing Address: New Mailing Address:** 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764 FEI Number: 21-0634584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE ACCESS, INC. 326 EAST 6TH AVENUÉ TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GAFFNEY, PAUL G II Name: Name: 400 CEDAR AVENUE Address: Address: City-St-Zip: WEST LONG BRANCH, NJ 07764 City-St-Zip: Title: MS () Delete Title: () Change () Addition LARRISON, DEBORAH B Name: Name: Address: 400 CEDAR AVENUE Address: City-St-Zip: WEST LONG BRANCH, NJ 07764 City-St-Zip: Title: () Delete Title: () Change () Addition SCULTHORPE, ROBERT B Name: Name: 400 CEDAR AVENUE Address: Address: City-St-Zip: WEST LONG BRANCH, NJ 07764 City-St-Zip: ( ) Delete Title: MR Title: () Change () Addition GARBARINO, JOHN R Name: Name: Address: 400 CEDAR AVENUE Address: City-St-Zip: WEST LONG BRANCH, NJ 07764 City-St-Zip: Title: () Delete Title: () Change () Addition SCHIAVETTI, ALRED J JR Name: Name: 400 CEDAR AVENUE Address: Address: City-St-Zip: WEST LONG BRANCH, NJ 07764 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HARDEN, OLETA J AMEDEO, JEROME P Name: Name: Address: 400 CEDAR AVENUE Address: 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764 WEST LONG BRANCH, NJ 07764 City-St-Zip: 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: PHILIP A. BODNER AVP 03/10/2009