

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90012 036 \*\*\*150.00

**DOCUMENT # F03000006206**

1. Entity Name  
**CAPELLA UNIVERSITY, INC.**



Principal Place of Business  
**225 SOUTH SIXTH STREET, FLOOR 9  
MINNEAPOLIS, MN 55402**

Mailing Address  
**225 SOUTH SIXTH STREET, FLOOR 9  
MINNEAPOLIS, MN 55402**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

101032007

Chg-P

CR2E034 (12/06)

4. FEI Number

**41-1740392**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PATRICK, PAMELA DR  
5911 RIVERSIDE DR.  
PORT ORANGE, FL 32127**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Rd**

City **Plantation**

**FL**

Zip Code  
**33324**

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

Signature, typed or printed name of registered agent and title if applicable.

**M.C. Summer PaVon**  
**Assistant Secretary**

(NOTE: Registered Agent signature required when reappointing)

**1/5/2007**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SHANK, STEPHEN G MR**  
STREET ADDRESS **225 S. SIXTH STREET, 9TH FLOOR**  
CITY - ST - ZIP **MINNEAPOLIS, MN 55402**

TITLE **V** ☐ Delete  
NAME **SCHROEDER, PAUL**  
STREET ADDRESS **225 S. SIXTH STREET, 9TH FLOOR**  
CITY - ST - ZIP **MINNEAPOLIS, MN 55402**

TITLE **S** ☐ Delete  
NAME **THOM, GREGORY MR**  
STREET ADDRESS **225 S. SIXTH STREET, 9TH FLOOR**  
CITY - ST - ZIP **MINNEAPOLIS, MN 55402**

TITLE **T** ☐ Delete  
NAME **MARTIN, LOIS**  
STREET ADDRESS **225 S. SIXTH STREET, 9TH FLOOR**  
CITY - ST - ZIP **MINNEAPOLIS, MN 55402**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gregory Thom**

Date

Daytime Phone #

**2/26/07 612-977-5470**