


**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

08 NOV -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000007223			
1. Entity Name WSU FOUNDATION CORPORATION			
Principal Place of Business 255 EAST MAIN, SUITE 301 PULLMAN, WA 99163		Mailing Address P.O. BOX 641925 PULLMAN, WA 99164-1925	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. Barbara A. Burke Special Assistant Secretary			
SIGNATURE <i>Barbara A. Burke</i>		DATE <i>10-30-08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CULVER, LARRY 109 CASCADE KEY BELLEVUE, WA 98006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Felton p <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 2nd Ave. #2501 Seattle, WA 98121-1221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELTON, ROBERT F 2600 2ND AVE #2501 SEATTLE, WA 98121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony Rojas v <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2640 Shoreland Dr. South Seattle, WA 98144-5635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROJAS, TONY 2640 SHORELAND DR S SEATTLE, WA 98144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Harvey # <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1455 NW Orion Dr. Pullman, WA99163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON-HALE, BRENDA 600 SW CRESTVIEW #10 PULLMAN, WA 99163 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beth Monteiro s <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1128 East E. St. Moscow, ID 83843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mills</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900137627049 11/04/08--01043--001 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kevin Harvey</i>		Kevin Harvey, AVP Finance (509)335-1685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



REINSTATEMENT 099 (1/07) 08