2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# F05000003286

Entity Name: COLLEGIATE HOUSING FOUNDATION, INC.

Current Principal Place of Business:

3613 STEIN STREET
MOBILE, AL 36608

New Principal Place of Business:

Current Mailing Address:

3613 STEIN STREET
MOBILE, AL 36608

New Mailing Address:

FEI Number: 63-1173425 **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: PCD ( ) Delete
Name: COVEY, LEEMAN H
Address: 3613 STEIN STREET
City-St-Zip: MOBILE, AL 36608

Title: VPD ( ) Delete
Name: SLAUGHTER, JOHN BROOKS DR.
Address: 440 HAMILTON AVE., STE. 302
City-St-Zip: WHITE PLAINS, NY 10601

Title: STD ( ) Delete
Name: EDWARDS, JACK
Address: 3613 STEIN STREET
City-St-Zip: MOBILE, AL 36608

Title: D ( ) Delete
Name: GRIMBLE, STEPHEN M
Address: PO BOX 4017
City-St-Zip: WILMINGTON, DE 198074017

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COVEY, LEEMAN H
Address: 3613 STEIN STREET
City-St-Zip: MOBILE, AL 36608

Title: D (X) Change ( ) Addition
Name: SLAUGHTER, JOHN BROOKS DR.
Address: 440 HAMILTON AVE., STE. 302
City-St-Zip: WHITE PLAINS, NY 10601

Title: S (X) Change ( ) Addition
Name: EDWARDS, JACK
Address: P. O. BOX 123
City-St-Zip: MOBILE, AL 36601

Title: D (X) Change ( ) Addition
Name: GRIMBLE, STEPHEN M
Address: PO BOX 4017
City-St-Zip: WILMINGTON, DE 19807

Title: V ( ) Change (X) Addition
Name: JOHN B. HICKS,
Address: P. O. BOX 20966
City-St-Zip: TUSCALOOSA, AL 35402

I hereby certify that the information supplied with this filing does not qualify for the 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: LEEMAN H. COVEY P 01/08/2006

Electronic Signature of Signing Officer or Director — Date