


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F07000001075 1. Entity Name KEAN UNIVERSITY FOUNDATION, INC.	
---	---

Principal Place of Business 1000 MORRIS AVE - T-130 UNION, NJ 07083	Mailing Address 1000 MORRIS AVE - T-130 UNION, NJ 07083
---	---



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-2849480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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 \_\_\_\_\_

**Filing Fee Is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DOUGLAS 299 SPRUCE MILL LN SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, PAULLAS E 16205 SONSOLES DEAVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CHRISTIAN J 63 JERSERY AVE EDISON, NJ 08820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, W. JOHN DR 75 GALWAY DR MENDHAM, NJ 079452011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDAS, MARIA E 56 HILLCREST DR CLARK, NJ 07066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, ROBERT H 19 LIGHTHOUSE DR S AMBOY, NJ 08879

**DO NOT WRITE IN THIS SPACE**

000000783997  
 01/16/08-80038-004 61.25

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: DOUGLAS NELSON Date: 1/10/08 Daytime Phone #: 908-757-3460

DOUGLAS NELSON, PRESIDENT