2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000003268

1. Entity Name

THE EASTERN MICHIGAN UNIVERSITY FOUNDATION,



FILED Aug 04, 2008 8:00 am Secretary of State

08-04-2008 90031 010 ****61.25

INC.				TELE !					
1349 S. HURON STREET 134		Mailing Address 1349 S. HURON STREET YPSILANTI, MI 48197	349 S. HURON STREET		OAAAATZZ				
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07162008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number			Ap	plied For
Zip	Country Zip Cour		Country		38-2953297 Not Applicat 5. Certificate of Status Desired See Required Fee Required				litional
	6. Name and Address of Current F	Paristand Acoust			7 Name and A	derace of New	- Paristand		
	6. Name and Address of Content	Name	7. Name and Address of New Registered Agent Name						
RUNSTADLER, GEORGE JR. 1360 MALLARD DRIVE		· •	Street Address		(P.O. Box Number is Not Acceptable)				
	OOD, FL 34224								-
•			City				FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its regis	stered office or	registere	ed agent, or both,	in the State of	Florida. I am	familiar with,	and accept
	tions of registered agent.	. ,		•	-				
SIGNATURE	Signature, typed or printed name of registored agent a	nd title if applicable. (NOTE: Regi	istered Agent signatu	ne required	when reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.						
D	Filing Fee is \$61.25 ue by September 12, 2008		•		\$5.00 May Be Added to Fees	FI	Make chec orida Depar		,
D	•	Trust Fund Contri	•	A	Added to Fees	[IGES TO OFFIC	orida Depar	tment of SI	tate
10.	OFFICERS AND DIR	Trust Fund Contri	11.	⊔ Vice	Added to Fees DDITIONS/CHAN -Chairman	[IGES TO OFFIC	orida Depar	tment of S	tate
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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.

CITY-ST-ZIP

SIGNATURE:

ROCHESTER HILLS, MI 49306

Ypsilanti, MI 48197