

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005509

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: OAK RIDGE ASSOCIATED UNIVERSITIES INC.

**Current Principal Place of Business:**

120 BADGER AVE  
OAK RIDGE, TN 37830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 117  
OAK RIDGE, TN 378310117

**New Mailing Address:**

P.O. BOX 117  
MS 34  
OAK RIDGE, TN 378310117

FEI Number: 62-0476816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: C      ( ) Delete  
Name: SIEDOW, JAMES N DR.  
Address: 119 ALLEN BLDG, BOX 90037  
City-St-Zip: DURHAM, NC 27708

Title: VC      ( ) Delete  
Name: MCCRATH, ROBERT T DR.  
Address: 190 NORTH OVAL MALL  
City-St-Zip: COLUMBUS, OH 432101321

Title: DCV      ( ) Delete  
Name: SANCHEZ, JUAN M DR.  
Address: MAIN BUILDING 302  
City-St-Zip: AUSTIN, TN 787121111

Title: DV      ( ) Delete  
Name: PHILLIPS, WINFRED M DR.  
Address: P.O. BOX 11550  
City-St-Zip: GAINESVILLE, FL 326115500

Title: P      ( ) Delete  
Name: TOWNSEND, RONALD D DR  
Address: 107 WILLIAM LANE  
City-St-Zip: OAK RIDGE, TN 37830

Title: V      ( ) Delete  
Name: ANDREWS, J. PHIL  
Address: 7507 BRIDGE HAMPTON DRIVE  
City-St-Zip: POWELL, TN 37849

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: J. PHIL ANDREWS

Electronic Signature of Signing Officer or Director

CFO

07/15/2008

\_\_\_\_\_ Date