

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005509

FILED
Jan 14, 2009
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
MS 34
OAK RIDGE, TN 378310117

New Mailing Address:

FEI Number: 62-0476816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: P (X) Change () Addition
Name: FISHER, HOMER MR
Address: 183 DUSTY LANE
City-St-Zip: POWELL, TN 37849

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

VP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date