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**Apr 07, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000001596**

1. Corporation Name

**THOMAS JEFFERSON UNIVERSITY, INCORPORATED**

Principal Place of Business

11TH & WALNUT STREETS  
 PHILADELPHIA PA 19107

Mailing Address

1020 WALNUT STREET  
 620 SCOTT BUILDING  
 PHILADELPHIA PA 19107



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/28/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

2-3135265 - 23-1352651

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing   
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**PARK, JOON H**  
**7925 N.W. 12TH STREET, STE 125**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **DP SCHMID, RICHARD J**  
 STREET ADDRESS **6TH FLOOR SCOTT BLDG., 1020 WALNUT ST.**  
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **DV SULLIVAN, JOHN P**  
 STREET ADDRESS **6TH FL., SCOTT BLDG., 1020 WALNUT ST.**  
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **SD MONNIER, JOHN**  
 STREET ADDRESS **103 COLLEGE**  
 CITY-ST-ZIP **PHILADELPHIA PA**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **1025 WALNUT STREET, 103 COLLEGE**  
 3.4 CITY-ST-ZIP **19107**

TITLE  DELETE  
 NAME **TD VALOSKI, KENNETH**  
 STREET ADDRESS **5TH FL., SCOTT BLDG., 1020 WALNUT ST.**  
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

4.1 TITLE  Change  Addition  
 4.2 NAME **VALOSKY**  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME *See attached sheet*  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)