2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# F03000006115

Entity Name: TIFFIN UNIVERSITY, INCORPORATED

Current Principal Place of Business:

155 MIAMI STREET
TIFFIN, OH 44883

New Principal Place of Business:

Current Mailing Address:

155 MIAMI STREET
TIFFIN, OH 44883

New Mailing Address:

FEI Number: 34-4427516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, R. CHARLES
1610 NORTHGATE BLV.
SARASOTA, FL 34234 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:	T	( ) Delete
Name:	HEMINGER, GARY R	
Address:	155 MIAMI STREET	
City-St-Zip:	TIFFIN, OH 44883	
Title:	T	( ) Delete
Name:	STOCK, JOHN	
Address:	155 MIAMI STREET	
City-St-Zip:	TIFFIN, OH 44883	
Title:	T	( ) Delete
Name:	REINEKE, WILLIAM F SR.	
Address:	155 MIAMI STREET	
City-St-Zip:	TIFFIN, OH 44883	
Title:	T	( ) Delete
Name:	BEINECKE-SPITLER, BARBARA	
Address:	155 MIAMI STREET	
City-St-Zip:	TIFFIN, OH 44883	
Title:	P	( ) Delete
Name:	MARION, PAUL	
Address:	155 MIAMI STREET	
City-St-Zip:	TIFFIN, OH 44883	
Title:	VP	( ) Delete
Name:	BOYD, DAVID J	
Address:	155 MIAMI	
City-St-Zip:	TIFFIN, OH 44883	

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:	VP	(X) Change ( ) Addition
Name:	WHITE, JAMES J	
Address:	155 MIAMI	
City-St-Zip:	TIFFIN, OH 44883	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES J WHITE VP 10/19/2006

Electronic Signature of Signing Officer or Director — Date