

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000006253

1. Entity Name
THE STATE UNIVERSITY OF IOWA FOUNDATION, INC.



Principal Place of Business

ONE WEST PARK ROAD
IOWA CITY, IA 52246

Mailing Address

P.O. BOX 4550
IOWA CITY, IA 52244-4550

FILED
Aug 18, 2008 08:00 AM
Secretary of State



08012008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
42-0796760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUSER, BRADLEY D
C/O AKERMAN SENTERFITT
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131-1714

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000957899
08/18/08-80007-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARSHALL, LYNETTE L
P.O. BOX 4550
IOWA CITY, IA 522444550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHULLAW, SUSAN M
P.O. BOX 4550
IOWA CITY, IA 522444550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHAW, TIFFANI
P.O. BOX 4550
IOWA CITY, IA 522444550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Tiffany Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08
Date

3193353305
Daytime Phone #