2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F03000006253

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

Current Principal Place of Business:

ONE WEST PARK ROAD
IOWA CITY, IA 52246

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4550
IOWA CITY, IA 522444550

New Mailing Address:

FEI Number: 42-0796760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSER, BRADLEY D
C/O AKERMAN SENTERFITT
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI, FL 331311714 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: P ( ) Delete
Name: MARSHALL, LYNETTE L
Address: P.O. BOX 4550
City-St-Zip: IOWA CITY, IA 522444550

Title: S ( ) Delete
Name: SHULLAW, SUSAN M
Address: P.O. BOX 4550
City-St-Zip: IOWA CITY, IA 522444550

Title: T ( ) Delete
Name: SHAW, TIFFANI
Address: P.O. BOX 4550
City-St-Zip: IOWA CITY, IA 522444550

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:

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: TIFFANI SHAW T 01/21/2009

Electronic Signature of Signing Officer or Director — Date