

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000869

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC3173515156**

**Entity Name:** KETTERING UNIVERSITY, INC.

**Current Principal Place of Business:**

1700 UNIVERSITY AVENUE  
FLINT, MI 48504-6214

**Current Mailing Address:**

1700 UNIVERSITY AVENUE  
FLINT, MI 48504-6214 US

**FEI Number:** 38-2410852

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PT  
Name MCMAHAN, ROBERT K  
Address 1700 UNIVERSITY AVENUE  
City-State-Zip: FLINT MI 48504-6214

Title ST  
Name BOON, JANE E  
Address 8 THOMAS STREET  
PH  
City-State-Zip: NEW YORK NY 10007

Title TREASVP OF ADMINISTRATION AND  
FINANCE, TREASURER  
Name AYERS, THOMAS W  
Address 1700 UNIVERSITY AVENUE  
City-State-Zip: FLINT MI 48504-6214

Title VP  
Name OWENS, JEFFREY J  
Address 5725 DELPHI DR  
MC 483-400-660  
City-State-Zip: TROY MI 48098

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS W AYERS

**TREASURER**

**02/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date