2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT\# F07000004206
Entity Name: GEORGIAN COURT UNIVERSITY, A NEW JERSEY NON PROFIT CORPORATION

## Current Principal Place of Business:

900 LAKEWOOD AVENUE
LAKEWOOD, NJ 08701-2697

## Current Mailing Address:

900 LAKEWOOD AVENUE
LAKEWOOD, NJ 08701-2697
FEI Number: 21-0634981
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 | P | Title | VP, FINANCE |
| :---: | :---: | :---: | :---: |
| Name | JEFFRIES, ROSEMARY EPH.D. | Name | ROBERT, KENNY |
| Address | 900 LAKEWOOD AVENUE | Address | 900 LAKEWOOD AVENUE |
| City-State-Zip: | LAKEWOOD NJ 08701-2697 | City-State-Zip: | LAKEWOOD NJ 08701-2697 |
| Title | S | Title | D |
| Name | SZUBROWSKI, DIANE RSM | Name | SHEA, RAYMOND |
| Address | 900 LAKEWOOD AVENUE | Address | 2105 COUNTY LINE RD |
| City-State-Zip: | LAKEWOOD NJ 08701-2697 | City-State-Zip: | JACKSON NJ 08527 |
| Title | D | Title | D |
| Name | LARDIERI-WRIGHT, LOUESA | Name | KNIPPER, JAMES |
| Address | 15 GARRETSON DRIVE | Address | ONE HEALTHCARE WAY |
| City-State-Zip: | FRANKLIN PARK NJ 08823 | City-State-Zip: | LAKEWOOD NJ 08701 |
| Title | VP, ADVANCEMENT | Title | DIRECTOR, DEVELOPMENT AND ADVANCEMENT SERVICES |
| Name | ZANJANI, MELLISSIA DR. | Name | REHBEIN, MEGHAN |
| Address | 900 LAKEWOOD AVENUE | Address | 900 LAKEWOOD AVENUE |
| City-State-Zip: | LAKEWOOD NJ 08701-2697 | City-State-Zip: | LAKEWOOD NJ 08701-2697 |

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: MEGHAN REHBEIN

