

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001905

Entity Name: BELLEVUE UNIVERSITY, INC.**Current Principal Place of Business:**1000 GALVIN ROAD SOUTH
BELLEVUE, NE 68005**Current Mailing Address:**1000 GALVIN ROAD SOUTH
BELLEVUE, NE 68005**FEI Number:** 47-0491571**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, D
Name HAWKINS, MARY
Address 1000 GALVIN ROAD SOUTH
City-State-Zip: BELLEVUE NE 68005

Title EVP, D
Name ECHOLS, MICHAEL
Address 1000 GALVIN ROAD SOUTH
City-State-Zip: BELLEVUE NE 68005

Title VP, D
Name BLASIG, JERRY
Address 1000 GALVIN ROAD SOUTH
City-State-Zip: BELLEVUE NE 68005

Title S, D
Name MURPHY, ELIZABETH
Address 1325 NORTH 136TH AVENUE
City-State-Zip: OMAHA NE 68154

Title D
Name MULLER, JOHN
Address 1000 GALVIN ROAD SOUTH
City-State-Zip: BELLEVUE NE 68005

Title VP, D
Name MCDANIEL, DONNA
Address 1000 GALVIN ROAD SOUTH
City-State-Zip: BELLEVUE NE 68005

Title T, D
Name RICKETTS, J P
Address 1209 HARNEY STREET
SUITE 260
City-State-Zip: OMAHA NE 68102

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: JERRY BLASIG**VP, D****04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date