

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003600

Entity Name: NORTHWESTERN HEALTH SCIENCES UNIVERSITY, INC.

Current Principal Place of Business:

2501 WEST 84TH STREET
BLOOMINGTON, MN 55431

Current Mailing Address:

2501 WEST 84TH STREET
BLOOMINGTON, MN 55431 US

FEI Number: 41-0684657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 ACTING CHAIR
Name JO, CHRISTOPHER DR
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title ACTING VICE-CHAIR
Name GINKEL, TODD DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title SECRETARY
Name GRAFF, N. WALTER
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title PRESIDENT/CEO
Name CASSIRER, CHRISTOPHER DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title CFO/TREASURER
Name EDWARDS, JAKKI
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title TRUSTEE
Name JOHNSON, KEITH DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title TRUSTEE
Name MAGNANI, MOLLY DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title TRUSTEE
Name MYHERS, BONITA DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

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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: MS. JAKKI EDWARDS

**CHIEF FINANCIAL
OFFICER/TREASURER**

05/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name PETERSON, DAVID DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title TRUSTEE
Name TAYLOR, TAMARA
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title TRUSTEE
Name TAYLOR, DAVID DR.
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431

Title TRUSTEE
Name WILDE, BRENT
Address 2501 WEST 84TH STREET
City-State-Zip: BLOOMINGTON MN 55431