2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006206

Entity Name: CAPELLA UNIVERSITY, INC.

Current Principal Place of Business:

225 SOUTH SIXTH STREET, FLOOR 9

MINNEAPOLIS, MN 55402

Current Mailing Address:

225 SOUTH SIXTH STREET, FLOOR 9 MINNEAPOLIS, MN 55402 US

FEI Number: 41-1740392 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD 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

FILED Apr 25, 2016

Secretary of State

CC4988479224

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title ASST. SECRETARY
Name SENESE, RICHARD Name SORENSEN, TODD

Address 225 SOUTH SIXTH STREET, FLOOR 9 Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402 City-State-Zip: MINNEAPOLIS MN 55402

Title T Title DIRECTOR

Name POLACEK, STEVE Name BALLINGER, MARCIA PHD

Address 225 SOUTH SIXTH STREET, FLOOR 9 Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402 City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR Title DIRECTOR

Name AIGORO, MABLE Name COBALLES-VEGA, CARMEN PHD

Address 225 SOUTH SIXTH STREET, FLOOR 9 Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402 City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR Title DIRECTOR

Name RAMSTAD, PETER Name FOX, ROBERT C JR.

Address 225 SOUTH SIXTH STREET, FLOOR 9 Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402 City-State-Zip: MINNEAPOLIS MN 55402

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD SORENSEN ASST SECRETARY 04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name JOLLY, ERIC PHD

Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR

Name VAN ASSELT, KATHRYN

Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402

Title SECRETARY

Name SWANEGAN, NICOLE

Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR

Name KING, CHRISTOPHER PHD

Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR

Name WILLIAMS, HARRY PHD

Address 225 SOUTH SIXTH STREET, FLOOR 9

City-State-Zip: MINNEAPOLIS MN 55402