# 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0300006206

Entity Name: CAPELLA UNIVERSITY, INC.

### Current Principal Place of Business:

225 S. 6TH STREET 9TH FLOOR MINNEAPOLIS, MN 55402

# **Current Mailing Address:**

225 S. 6TH STREET 9TH FLOOR MINNEAPOLIS, MN 55402 US

# FEI Number: 41-1740392

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324 US FILED May 29, 2020 Secretary of State 5703534007CC

Certificate of Status Desired: No

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

### Officer/Director Detail :

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Title	ASSISTANT SECRETARY	Title	ASSISTANT TREASURER
Name	SWANEGAN, NICOLE	Name	APRAHAMIAN, THOMAS J.
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	DIRECTOR	Title	DIRECTOR
Name	RODRIGUEZ, DIANA	Name	WARMARCK, DWUAN
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	DIRECTOR	Title	DIRECTOR
Name	WILLIAMS, HARRY	Name	PALLOFF, RENA
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	DIRECTOR	Title	DIRECTOR
Name	BROWN, MARK	Name	HUGHEY, FRANKLIN
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402

### Continues on page 2

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

SECRETARY

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	SNYDER, STEVEN	Name	SENESE, RICHARD
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	DIRECTOR	Title	DIRECTOR
Name	RILEY, LORI	Name	KING, CHRISTOPHER
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	DIRECTOR	Title	DIRECTOR
Name	JOLLY, ERIC	Name	BUTLER, ADRIAN
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	TREASURER	Title	SECRETARY
Name	WICKARD, MIKE	Name	SORENSEN, TODD
Address	225 S. 6TH STREET 9TH FLOOR	Address	225 S. 6TH STREET 9TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	PRESIDENT		
Name	SENESE, RICHARD		
Address	225 S. 6TH STREET 9TH FLOOR		

City-State-Zip: MINNEAPOLIS MN 55402