

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702242

FILED
Feb 27, 2009
Secretary of State

Entity Name: UNIVERSITY OF MIAMI

Current Principal Place of Business:

OFFICE OF THE PRESIDENT
1252 MEMORIAL DR., ASHE BLDG., RM. 230
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

OFFICE OF THE PRESIDENT
1252 MEMORIAL DR., ASHE BLDG., RM. 230
CORAL GABLES, FL 33146 US

New Mailing Address:

OFFICE OF THE SECRETARY
P.O. BOX 248052
CORAL GABLES, FL 33124 US

FEI Number: 59-0624458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORANGE, ANDREA E
1507 LEVANTE AVENUE
333 MAX OROVITZ BUILDING
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHALALA, DONNA E
Address: 1252 MEMORIAL DR., ASHE BLDG., RM. 230
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: LEBLANC, THOMAS J
Address: 1252 MEMORIAL DR., ASHE BLDG., RM. 230
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: NATOLI, JOSEPH
Address: 1252 MEMORIAL DR., ASHE BLDB., RM. 230
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: UGALDE, AILEEN M GC
Address: 1320 S. DIXIE HWY, SUITE 1230
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LESLIE DELLINGER ACEITUNO

ASEC

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date