

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702242

FILED  
Feb 03, 2010  
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 SECRETARY  
P.O. BOX 248052  
CORAL GABLES, FL 33124 US

**New Mailing Address:**

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

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

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

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

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: LESLIE DELLINGER ACEITUNO

ASTS

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date