2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#734103

FILED Oct 08, 2009 Secretary of State

Entity Name: HODGES UNIVERSITY, INC.

Current Principal Place of Business: New Principal Place of Business: 2655 NORTHBROOKE DRIVE NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 2655 NORTHBROOKE DRIVE NAPLES, FL 34119 FEI Number: 59-6605703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMAHAN, TERRY P 2655 NORTHBROOKE DR NAPLES, FL 34119 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: TERRY P. MCMAHAN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete AGNELLI, JOHN J Name: Name: 3050 HORSESHOE DR., STE. 105 Address: Address: City-St-Zip: NAPLES, FL 341047911 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCMAHAN, TERRY P Name: Address: 2655 NORTHBROOKE DR. Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE, JOHN W Name: Name: 2655 NORTHBROOKE DR. Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROCK, JEANETTE Name: 2655 NORTHBROOKE DR. Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition ARNOLD, KEITH Name: Name: 14101 RIVER RD Address: Address: City-St-Zip: FT. MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition PRIOLETTI, MICHAEL Name: Name: Address: 5811 PELICAN BAY BLVD., #102 Address: NAPLES, FL 34108 City-St-Zip: 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: JOHN W. WHITE T 10/08/2009