2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# 813287

Entity Name: THE UNIVERSITY OF NOTRE DAME DU LAC

Current Principal Place of Business:

UNIVERSITY OF NOTRE DAME
NOTRE DAME AVE
NOTRE DAME, IN 46556 US

New Principal Place of Business:

Current Mailing Address:

203 MAIN BUILDING
NOTRE DAME, IN 46556 US

New Mailing Address:

FEI Number: 35-0868188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	JENKINS, JOHN I	
Address:	400 MAIN BUILDING	
City-St-Zip:	NOTRE DAME, IN 46556	
Title:	S	( ) Delete
Name:	KAESEBIER, CAROL C	
Address:	203 MAIN BUILDING	
City-St-Zip:	NOTRE DAME, IN 46556	
Title:	D	( ) Delete
Name:	MCCARTAN, PATRICK F	
Address:	JONES DAY	
City-St-Zip:	CLEVELAND, OH 44114	
Title:	D	( ) Delete
Name:	MCKENNA, ANDREW J	
Address:	SCHWARZ PAPER CO.	
City-St-Zip:	MORTON GROVE, IL 60053	
Title:	D	( ) Delete
Name:	WILLIAMS, ANN C	
Address:	219 S. DEARBORN ST. RM 2612	
City-St-Zip:	CHICAGO, IL 60604	
Title:	D	( ) Delete
Name:	BLACK, CATHLEEN P	
Address:	HEARST MAGAZINES	
City-St-Zip:	NEW YORK, NY 10105	

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:	
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: CAROL C. KAESEBIER S 01/11/2008

Electronic Signature of Signing Officer or Director — Date