2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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DOCUMENT #837099 1. Entity Name ORAL ROBERTS UNIVERSITY, INC.									05-02-2008	90145 02	29 ****6	1.25
ATTN: CONTROLLER 7777 S. LEWIS AVE TULSA, OK 74171			ATTN: (7777 S	Mailing Address ATTN: CONTROLLER 7777 S. LEWIS AVE TULSA, OK 74171				400931	######################################			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01092008 C	hg-NP	CR2E03	7 (12/06)	
City & State			City & State				70.070000			plied For t Applicable		
Zip	Zip Country		Zip Cou			itry -	5. Certificate of Status Desired Fee Regulred					
	6. Name	and Address of Current F	Registered.	Agent				7. Name and Ad-	dress of New R	egistered A	gent	
STERNS, RANDY						Name						
220 S. FRANKLIN TAMPA, FL 33602						Street A	ddress (I	P.O. Box Number is	Not Acceptable	e) ————————————————————————————————————		
, n ,						City			 		Zip Code	. <u></u>
						,				FL		
	named entity tions of registe	submits this statement for red agent.	the purpose	e of changing its	registered	d office o	r register	ed agent, or both, in	the State of Flo	orida. I am fa	miliar with,	and accept
CICMATI IDE												
SIGNATURE												
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Fin Trust Fund Contribution				ng \$5.00 May Be Added to Fees Added to Florida Department of Sta					
10.						_						
TITLE		OFFICERS AND DIR	ECTORS		Contribution	_		Added to Fees	Flori	ida Departı	ment of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

Jay Betz 7777 S. Lewis Avenue

STORATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 918 495 6402 Daytume Phone # SIGNATURE: Date

STREET ADDRESS