FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 25 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837225 (2)

1. Corporation Name
POMONA COLLEGE

800001392548
-01/30/95--01037--017
*****61.25 DO NOT WRITE IN THIS SPACE *****61.25

Principal Place of Business	Mailing Address
BUSINESS OFFICE 550 N. COLLEGE AVE. CLAREMONT CA 91711-6328	BUSINESS OFFICE 550 N. COLLEGE AVE. CLAREMONT CA 91711-6328

3. Date Incorporated or Qualified: 10/20/1976
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 95-1664112 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUDZIAK, LEONARD J
12000 NO BAYSHORE DR APT 406
NO MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	1.1 TITLE	☐ Change ☐ Addition
NAME	TRANQUADA, ROBERT	1.2 NAME	
STREET ADDRESS	550 N. COLLEGE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT CA 91711-6328	1.4 CITY-ST-ZIP	
TITLE	P/D	2.1 TITLE	☐ Change ☐ Addition
NAME	STANLEY, PETER W	2.2 NAME	
STREET ADDRESS	550 N. COLLEGE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT CA 91711-6328	2.4 CITY-ST-ZIP	
TITLE	VT/D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, CARLENE	3.2 NAME	
STREET ADDRESS	550 N. COLLEGE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT CA 91711-6328	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	BESSE, PATRICIA A	4.2 NAME	
STREET ADDRESS	550 N. COLLEGE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT CA 91711-6328	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	NON-PROFIT WITH 501(c)(3) ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2/8 1/25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Besse 1/17/95 (909) 621-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401032 FP

(2)

Internal Revenue Service
EP/EO Disclosure Desk
P.O. Box 2350 Los Angeles, CA 90053

Person to Contact:
L. Barragan (A to K)
F. Miralles (L to Z)
Telephone Number:
(213)894-2336
Refer Reply to:
92-530
Date:
Jan 20, 1992

POMONA COLLEGE

333 N COLLEGE WAY
CLAREMONT, CA 91711

RE: 95-1664112
POMONA COLLEGE

Gentlemen:

This is in response to your request for a determination letter of the above-named organization.

A review of our records indicates that the above-named organization was recognized to be exempt from Federal income tax in December 1954, as an organization described in Internal Revenue Code section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the code, because it is an organization described in section 170(b)(1)(A)(ii).

This letter is to verify your exempt status and the fact that the determination letter issued in December 1954 continues to be in effect.

If you are in need of further assistance, please feel free to contact me at the above address.

We appreciate your cooperation in this regard.

Sincerely,

L. Barragan

Disclosure Assistant