2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837225

1. Entity Name

POMONA COLLEGE

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90069 037 ****61.25

Principal Place of Business	Mailing Address
BUSINESS OFFICE 550 N. COLLEGE AVE. CLAREMONT CA 91711-6383	BUSINESS OFFICE 550 N. COLLEGE AVE. CLAREMONT CA 91711-4434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Business Office/Trust Admin	Business Office/Trust Admin
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip: 91711-6383 / Country

4. FEI Number: 95-1664112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUDZIAK, LEONARD J 12000 NO BAYSHORE DR APT 406 NO MIAMI FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TRANQUADA, ROBERT 550 N. COLLEGE WAY CLAREMONT CA 91711-6328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 550 N. COLLEGE AVE. 91711-6383
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STANLEY, PETER W 550 N. COLLEGE AVE. CLAREMONT CA 91711-6328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 91711-6383
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD MILLER, CARLENE 550 N. COLLEGE WAY CLAREMONT CA 91711-6328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 550 N. COLLEGE AVE. 91711-6383
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BESSE, PATRICIA A 550 N. COLLEGE WAY CLAREMONT CA 91711-6328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS AUROUZE, DANIELE 550 N. COLLEGE AVE CLAREMONT, CA 91711-6383 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Daniele Aurouze FILED 4/11/00 909-621-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #