2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90299 034 ****61.25

DOCUMENT # 837225

1. Entity Name

POMONA COLLEGE

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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 91711-6383	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, STEWART R. 550 N. COLLEGE AVENUE CLAREMONT, CA 91711-6383	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, PETER W 550 N. COLLEGE AVE. CLAREMONT CA 91711-6383	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLER, CARLENE 550 N. COLLEGE WAY CLAREMONT CA 91711-6383	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 N. COLLEGE AVENUE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AUROUZE, DANIELE 550 N. COLLEGE WAY CLAREMONT CA 91711-6383	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 N. COLLEGE AVENUE	☐ 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 (10/00)

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: [signature] REQUIRED 4/11/01 909-621-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #