

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 837225		
1. Entity Name POMONA COLLEGE		
Principal Place of Business BUSINESS OFFICE/TRUST ADMIN 550 N. COLLEGE AVE. CLAREMONT, CA 91711-6383	Mailing Address BUSINESS OFFICE/TRUST ADMIN 550 N. COLLEGE AVE. CLAREMONT, CA 91711-6383	



04162007 No Chg-NP CR2E037 (4/06)

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 DUDZIAK, LEONARD J 12000 NO BAYSHORE DR APT 406 NO MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, STEWART R 550 N COLLEGE AVENUE CLAREMONT, CA 917116383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OXToby, DAVID 550 N. COLLEGE AVE. CLAREMONT, CA 917116383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLER, CARLENE 550 N COLLEGE AVENUE CLAREMONT, CA 917116383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AUROUZE, DANIELE 550 N COLLEGE AVENUE CLAREMONT, CA 917116383
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Daniele Aurouze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniele Aurouze AS 04/18/07 909-621-8115

Date Daytime Phone #