2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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

04142008 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SMITH,.STEWART R
STREET ADDRESS	550 N COLLEGE AVENUE
CITY-ST-ZIP	CLAREMONT, CA 917116383
TITLE	PD
NAME	OXTOBY, DAVID
STREET ADDRESS	550 N. COLLEGE AVE.
CITY-ST-ZIP	CLAREMONT, CA 917116383
TITLE	VTD
NAME	MILLER, CARLENE
STREET ADDRESS	550 N COLLEGE AVENUE
CITY-ST-ZIP	CLAREMONT, CA 917116383
TITLE	AS
NAME	AUROUZE, DANIELE
STREET ADDRESS	550 N COLLEGE AVENUE
CITY-ST-ZIP	CLAREMONT, CA 917116383
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80043-015 61.25

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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.

SIGNATURE: _____ 4/18/08 909-621-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #