

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837225

FILED
Apr 15, 2009
Secretary of State

Entity Name: POMONA COLLEGE

Current Principal Place of Business:

BUSINESS OFFICE/TRUST ADMIN
550 N. COLLEGE AVE.
CLAREMONT, CA 917116383

New Principal Place of Business:

Current Mailing Address:

BUSINESS OFFICE/TRUST ADMIN
550 N. COLLEGE AVE.
CLAREMONT, CA 917116383

New Mailing Address:

FEI Number: 95-1664112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SMITH, STEWART R
Address: 550 N COLLEGE AVENUE
City-St-Zip: CLAREMONT, CA 917116383 US

Title: PD () Delete
Name: OXToby, DAVID
Address: 550 N. COLLEGE AVE.
City-St-Zip: CLAREMONT, CA 917116383 US

Title: VTD () Delete
Name: MILLER, CARLENE
Address: 550 N COLLEGE AVENUE
City-St-Zip: CLAREMONT, CA 917116383

Title: AS () Delete
Name: AUROUZE, DANIELE
Address: 550 N COLLEGE AVENUE
City-St-Zip: CLAREMONT, CA 917116383

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SMITH, STEWART R
Address: 550 N COLLEGE AVENUE
City-St-Zip: CLAREMONT, CA 917116383 US

Title: P (X) Change () Addition
Name: OXToby, DAVID
Address: 550 N. COLLEGE AVE.
City-St-Zip: CLAREMONT, CA 917116383 US

Title: VT (X) Change () Addition
Name: SISSON, KAREN
Address: 550 N COLLEGE AVENUE
City-St-Zip: CLAREMONT, CA 917116383

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIELE AUROUZE

AS

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date