


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90082 025 \*\*\*\*70.00

**DOCUMENT # 842241**

1. Entity Name  
**UNIVERSITY OF MINNESOTA FOUNDATION**



Principal Place of Business  
**200 OAK ST SE  
 STE 500  
 MINNEAPOLIS, MN 55455-2010 US**

Mailing Address  
**200 OAK ST SE  
 STE 500  
 MINNEAPOLIS, MN 55455-2010 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**41-6042488**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKE, DONALD T  
 849 7TH AVE, S  
 NAPLES, FL 33940**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHER, GERALD B.	
STREET ADDRESS	200 OAK ST SE STE 500	
CITY-ST-ZIP	MINNEAPOLIS, MN 554552010	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DONALD F	
STREET ADDRESS	200 OAK ST SE STE 500	
CITY-ST-ZIP	MINNEAPOLIS, MN 554552010	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, B. KRISTINE	
STREET ADDRESS	200 OAK ST SE STE 500	
CITY-ST-ZIP	MINNEAPOLIS, MN 554552010	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUBBARD, STANLEY S.	
STREET ADDRESS	200 OAK ST SE STE 500	
CITY-ST-ZIP	MINNEAPOLIS, MN 554552010	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIRK, JUDY Y.	
STREET ADDRESS	200 OAK ST SE STE 500	
CITY-ST-ZIP	MINNEAPOLIS, MN 554552010	
TITLE	M	<input type="checkbox"/> Delete
NAME	PICKARD, KATHLEEN L	
STREET ADDRESS	200 OAK ST SE STE 500	
CITY-ST-ZIP	MINNEAPOLIS, MN 554552010	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, Diana E.	
STREET ADDRESS	200 Oak St SE STE 500	
CITY-ST-ZIP	Minneapolis, MN 55455 2010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pickard, Kathleen L.	
STREET ADDRESS	200 Oak St SE STE 500	
CITY-ST-ZIP	Minneapolis, MN 55455-2010	

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 persons empowered.

SIGNATURE: Kathleen L. Pickard VP/CFO Date: 3/3/04 Daytime Phone #: 612-624-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachments-842241

**UNIVERSITY OF MINNESOTA FOUNDATION  
200 OAK STREET SE, STE 500  
MINNEAPOLIS, MN 55455-2010**

**ADDITIONAL OFFICERS AND DIRECTORS  
DOCUMENT #842241**

**V**

**Osborne, Charles M.  
200 Oak Street SE, Ste 500  
Minneapolis, MN 55455-2010**

**D**

**Nelson, Marilyn Carlson  
200 Oak Street SE, Ste 500  
Minneapolis, MN 55455-2010**

**V**

**Berg, Linda K.  
200 Oak Street SE, Ste 500  
Minneapolis, MN 55455-2010**

**V**

**Odegard, Robert J.  
200 Oak Street SE, Ste 500  
Minneapolis, MN 55455-2010**

**V**

**Aagaard, James G.  
200 Oak Street SE, Ste 500  
Minneapolis, MN 55455-2010**