


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90388 042 ****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 |
|--|--|

00023432



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

02212006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

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

| | |
|--|--|
| 4. FEI Number 41-6042488 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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

| | | | |
|---|--|------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>C/D</i> Friswold, Fred R. 200 Oak Street SE, Suite 500 Minneapolis, MN 55455-2010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kathleen L Pickard* VP/CFO 3/14/06 612-624-3333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # ⁶⁰⁰⁷³⁴³² 842241

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

**ADDITIONAL OFFICERS AND DIRECTORS
DOCUMENT #842241
2006**

D / VC

**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**

V

**Pelzl, Julie E.
200 Oak Street SE, Ste 500
Minneapolis, MN 55455-2010**

V

**Goldstein, L. Steven
200 Oak Street SE, Ste 500
Minneapolis, MN 55455-2010**