

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 845532**

1. Entity Name

**ALBION COLLEGE, INC.**

Principal Place of Business

**611 EAST PORTER  
ALBION MI 49224**

Mailing Address

**611 EAST PORTER  
ALBION MI 49224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**38-1359081**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MACLEAN, FREDERICK, MACLEAN, AMATO & ARLEN  
2700 N.E. 14TH STREET CAUSEWAY  
POMPANO BEACH FL 33062**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, PETER T	
STREET ADDRESS	611 E PORTER - ALBION COLLEGE	
CITY-ST-ZIP	ALBION, MI 00000 49224	

TITLE	VS	<input type="checkbox"/> Delete
NAME	DOPP, DALE R.	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGBO, ARNOLD G	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD M	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, EDMUND L.	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	UNGRODT, PAUL W.	
STREET ADDRESS	611 E PORTER ALBION COLL	
CITY-ST-ZIP	ALBION, MI 00000	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A Klunghness	
STREET ADDRESS	HC2 Box 321	
CITY-ST-ZIP	Florence WI 54121	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

**DALE R DOPP****Dale R Dopp****V.P. for Finance****4/1/01****517-****629-0215****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90364 049 \*\*\*\*61.25

**00054702**

DO NOT WRITE IN THIS SPACE

0088293

CR2E037 (10/00)