


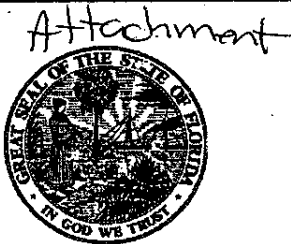
# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90030 014 \*\*\*\*61.25

<b>DOCUMENT # 845532</b> 1. Entity Name <b>ALBION COLLEGE, INC.</b>					
Principal Place of Business <b>611 EAST PORTER ALBION, MI 49224</b>				Mailing Address <b>611 EAST PORTER ALBION, MI 49224</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>38-1359081</b>	
Zip		Country		5. Certificate of Status Desired. <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MACLEAN, FREDERICK, MACLEAN, AMATO &amp; ARLEN</b> <b>2700 N.E. 14TH STREET CAUSEWAY</b> <b>POMPANO BEACH, FL 33062</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	D	
NAME	MITCHELL, PETER T		NAME	Baird, Richard L	
STREET ADDRESS	611 E PORTER - ALBION COLLEGE		STREET ADDRESS	611 E. Porter St - Albion College	
CITY-ST-ZIP	ALBION, MI 00000, 49224		CITY-ST-ZIP	Albion, MI 49224	
TITLE	VS		TITLE		
NAME	DOPP, DALE R.		NAME		
STREET ADDRESS	611 E PORTER ALBION COLL		STREET ADDRESS		
CITY-ST-ZIP	ALBION, MI 00000,		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	KLUNGNESS, JAMES A		NAME		
STREET ADDRESS	HC2 BOX 321		STREET ADDRESS		
CITY-ST-ZIP	FLORENCE, WI 54121		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	SMITH, RICHARD M		NAME		
STREET ADDRESS	611 E PORTER ALBION COLL		STREET ADDRESS		
CITY-ST-ZIP	ALBION, MI 00000,		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	TOBIAS, PAUL D		NAME		
STREET ADDRESS	611 E PORTER ALBION COLLEGE		STREET ADDRESS		
CITY-ST-ZIP	ALBION, MI 49224		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			January 6th, 2004 517-629-0215 <small>Date Daytime Phone #</small>		

Dale R. Dopp, Vice President/Secretary



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

#84 5532

44008587

January 14, 2004

ALBION COLLEGE  
611 E PORTER ST  
ALBION, MI 49224

Subject: ALBION COLLEGE

Reference Number: 000000008588

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

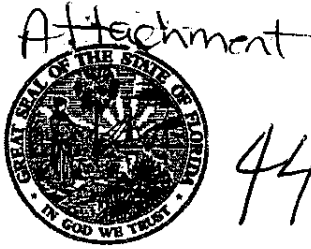
If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MS

ANNUAL REPORTS SECTION

Original report is in office to be processed  
Additional reports received and the filing fee must be received by our  
office to the annual report/uniform business report and the filing fee

FEB 02 2004



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 28, 2004

ALBION COLLEGE, INC.  
611 EAST PORTER  
ALBION, MI 49224

Subject: ALBION COLLEGE, INC.

Reference Number: 845532

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC  
ANNUAL REPORTS SECTION

Please accept  
the enclosed check #85546  
and uniform business report  
for filing.  
Thank you!  
Brian VanBlarcom, Internal  
Albion College  
(517) 629-0274