2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 845532

Title:

Name:

Address:

City-St-Zip:

Entity Name: ALBION COLLEGE, INC.

FILED Sep 12, 2007 Secretary of State

Entry Name: ALBION COLLEGE, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
611 EAST ALBION, M			
Current Mailing Address:		New Mailing Address:	
611 EAST PORTER ALBION, MI 49224		611 EAST PORTER, BUS. OFFICE ALBION, MI 49224	
	: 38-1359081 FEI Number Applied For() FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:		clicable () Certificate of Status Desired () ce. I Address of New Registered Agent:
2700 N.E.	I, FREDERICK, MACLEAN, AMATO & ARLEN 14TH STREET CAUSEWAY D BEACH, FL 33062 US		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,
SIGNATUF	RE: THORNTON SCOTT Electronic Signature of Registered Agent		 Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MITCHELL, PETER T 611 E PORTER - ALBION COLLEGE ALBION, MI 00000, 49224	Title: Name: Address: City-St-Zip:	DR (X) Change () Addition RANDALL, DONNA 611 E PORTER - ALBION COLLEGE ALBION, MI 49224
Title: Name: Address: City-St-Zip:	VS () Delete DOPP, DALE R., 611 E PORTER ALBION COLL ALBION, MI 00000,	Title: Name: Address: City-St-Zip:	DR (X) Change () Addition VANAKEN, TROY D 611 E PORTER ALBION COLL ALBION, MI 49224
Title: Name: Address: City-St-Zip:	D () Delete BAIRD, RICHARD L 611 E PORTER ST-ALBION COLLEGE	Title: Name: Address:	() Change () Addition
Oity Ot Zip.	ALBION, MI 49224	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TROY D VANAKEN DR 09/12/2007

() Delete

611 E PORTER ALBION COLLEGE

TOBIAS, PAUL D

ALBION, MI 49224

() Change () Addition