

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90179 042 \*\*\*\*61.25

**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 & State

City & 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

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MITCHELL, PETER T**  
STREET ADDRESS **611 E PORTER - ALBION COLLEGE**  
CITY-ST-ZIP **ALBION, MI 00000 49224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS** ☐ Delete  
NAME **DOPP, DALE R.**  
STREET ADDRESS **611 E PORTER ALBION COLL**  
CITY-ST-ZIP **ALBION, MI 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KLUNGNESS, JAMES A**  
STREET ADDRESS **HC2 BOX 321**  
CITY-ST-ZIP **FLORENCE WI 54121**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, RICHARD M**  
STREET ADDRESS **611 E PORTER ALBION COLL**  
CITY-ST-ZIP **ALBION, MI 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **TOBIAS, PAUL D**  
STREET ADDRESS **611 E PORTER ALBION COLLEGE**  
CITY-ST-ZIP **ALBION MI 49224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **UNGRODT, PAUL W.**  
STREET ADDRESS **611 E PORTER ALBION COLL**  
CITY-ST-ZIP **ALBION, MI 00000**

TITLE ☐ Change ☐ 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*  
8/6/03

**Dale R. Dopp**

VP for Finance & Mgmt.

517-629-0215

CR2E037 (4/03)