

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mc Nam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 858212 (4)

1. Corporation Name
ANDERSON UNIVERSITY, INC.



Principal Place of Business Mailing Address
 1100 E. 5TH STREET ANDERSON IN 46012-3462

3. Date Incorporated or Qualified 10/24/1983
 3a. Date of Last Report 02/28/1995
 4. FEI Number 35-0867954 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREWS, MICHAEL W.
 130 E. CENTRAL AVENUE
 LAKE WALES FL

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 800001922698
 -08/15/96--01005--016
 84 City ***61.25 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P EDWARDS, JAMES L. 1240 E 3RD ST ANDERSON, IN 00000	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Anderson, IN 46012
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, PATRICK	2.2 NAME	Caldwell, Carl H
STREET ADDRESS	3905 KNOLLWOOD LANE	2.3 STREET ADDRESS	2206 Melody Lane
CITY-ST-ZIP	ANDERSON, IN 00000	2.4 CITY-ST-ZIP	Anderson, IN 46012
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLETTE, MICHAEL	3.2 NAME	
STREET ADDRESS	25 N. ROBY	3.3 STREET ADDRESS	25 N Roby Drive
CITY-ST-ZIP	ANDERSON, IN 00000	3.4 CITY-ST-ZIP	Anderson, IN 46012
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RONALD W	4.2 NAME	
STREET ADDRESS	129 CANTERBURY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON, IN 00000	4.4 CITY-ST-ZIP	Anderson, IN 46012
TITLE	VTS <input type="checkbox"/> DELETE	5.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDEY, SENA K.	5.2 NAME	
STREET ADDRESS	929 MYERS	5.3 STREET ADDRESS	929 Myers Street
CITY-ST-ZIP	ANDERSON, IN 0	5.4 CITY-ST-ZIP	Anderson, IN 46012
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, JERRY	6.2 NAME	
STREET ADDRESS	1709 E. 1ST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	6.4 CITY-ST-ZIP	Anderson, IN 46012

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sena K. Landey* Sena K. Landey 6/11/96 (317) 641-4112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Title: Trustee
Name: Louis E. Gerig
Street Address: 9135 Nautical Watch Drive
City-St-Zip: Indianapolis, IN 46236

Title: Trustee
Name: Lois A. Settlemyer
Street Address: 1536 East Pine River Road
City-St-Zip: Midland, MI 48640

Title: Trustee
Name: Dennis D. Carroll
Street Address: 2910 Alexandria Pike
City-St-Zip: Anderson, Indiana 46012

Signature


Sena K. Landey