

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State



DOCUMENT # 858212

1. Entity Name
ANDERSON UNIVERSITY, INC.

Principal Place of Business
**1100 E. 5TH STREET
ANDERSON, IN 46012-3462**

Mailing Address
**1100 E. 5TH STREET
ANDERSON, IN 46012-3462**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **35-0867954** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

00000183559
01/19/05-80070-011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, DENNIS D 2910 ALEXANDRIA PIKE ANDERSON, IN 46012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETTLEMAYER, LOIS A 1536 EAST PINE RIVER ROAD MIDLAND, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, PAUL M 2730 EAST 100 NORTH ANDERSON, IN 46012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALDWELL, CARL H 2206 MELODY LANE ANDERSON, IN 46012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LANDEY, SENA K. 929 MYERS STREET ANDERSON, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COLLETTE, MICHAEL E 2329 CEDAR BEND DR ANDERSON, IN 46011

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Senay Landey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/05 765-641-4112
Date Daytime Phone #