

# 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 <input checked="" type="checkbox"/> \$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

Signature, typed or printed name of registered agent and title if applicable.

(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**

U00000183559  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/04/05 765-641-4112