

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858212

FILED
Mar 27, 2008
Secretary of State

Entity Name: ANDERSON UNIVERSITY, INC.

Current Principal Place of Business:

1100 E. 5TH STREET
ANDERSON, IN 460123462

New Principal Place of Business:

1100 E 5TH STREET
BUSINESS OFFICE
ANDERSON, IN 460123462

Current Mailing Address:

1100 E. 5TH STREET
ANDERSON, IN 460123462

New Mailing Address:

1100 E 5TH STREET
BUSINESS OFFICE
ANDERSON, IN 460123462

FEI Number: 35-0867954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WENZEL, ROBERT L CPA
2075 FRUITVILLE ROAD #200
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDWARDS, JAMES
Address: 1240 UNIVERSITY BLVD
City-St-Zip: ANDERSON, IN 46012

Title: V () Delete
Name: CALDWELL, CARL H
Address: 2206 MELODY LANE
City-St-Zip: ANDERSON, IN 46012

Title: T () Delete
Name: LANDEY, SENA K
Address: 929 MYERS STREET
City-St-Zip: ANDERSON, IN 46012

Title: S () Delete
Name: COLLETTE, MICHAEL E
Address: 239 CEDAR BEND DR.
City-St-Zip: ANDERSON, IN 46011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: SENA K. LANDEY

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03/27/2008

Electronic Signature of Signing Officer or Director

Date