

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90036 015 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0867954**

Applied For
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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	D <input checked="" type="checkbox"/> Delete
NAME	GERIG, LOUIS E
STREET ADDRESS	9135 NAUTICAL WATCH DRIVE
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	D <input type="checkbox"/> Delete
NAME	SETTLEMAYER, LOIS A
STREET ADDRESS	1536 EAST PINE RIVER ROAD
CITY-ST-ZIP	MIDLAND MI
TITLE	D <input type="checkbox"/> Delete
NAME	CARROLL, DENNIS D
STREET ADDRESS	2910 ALEXANDRIA PIKE
CITY-ST-ZIP	ANDERSON IN
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	MOORE, RONALD W
STREET ADDRESS	129 CANTERBURY CT
CITY-ST-ZIP	ANDERSON IN 46012
TITLE	VT <input type="checkbox"/> Delete
NAME	LANDEY, SENA K.
STREET ADDRESS	929 MYERS STREET
CITY-ST-ZIP	ANDERSON IN
TITLE	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **4/23/03 765-641-4112**

CR2E037 (10/02)