


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90087 047 ****61.25

DOCUMENT # F01000002519 1. Entity Name AMERICAN INDIAN COLLEGE FUND, INC.					
Principal Place of Business 8333 GREENWOOD BLVD. DENVER, CO 80221 US			Mailing Address 423 WEST EIGHTH STREET SUITE 400 KANSAS CITY, MO 64105 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 310 W 20th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300			
City & State		City & State Kansas City, Missouri			
Zip 64508	Country US	4. FEI Number 52-1573446		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PC GIPP, DAVID DR. 3315 UNIVERSITY DR BISMARCK, ND 58504	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWISHER, KAREN G 155 INDIAN AVENUE, BOX 5030 LAWRENCE, KS 66046	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL KAUFMAN, JEFF 5775 SANDERS ROAD B8 NORTHBROOK, IL 600626127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC YARLOTT, JR, DAVID PO BOX 370 CROW AGENCY, MT 59022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL BLACK, RICHARD 554 CLARK ROAD TEWKSBURY, MA 01876	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Falcon-Chandler, Carole PO Box 159 Harlem, MT 59526	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			Date 4-25-07 Daytime Phone # 303 426-8900		
SIGNATURE: <u>James C. Miller-Carlson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40112303



04122007 Chg-NP CR2E037 (12/06)