2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# F01000006221

Entity Name: THE UNIVERSITY OF CINCINNATI FOUNDATION INCORPORATED

Current Principal Place of Business:

51 GOODMAN DRIVE
SUITE 100
CINCINNATI, OH 45219

New Principal Place of Business:

Current Mailing Address:

PO BOX 19970
CINCINNATI, OH 452190970

New Mailing Address:

FEI Number: 31-0896555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
PLANTATION, FL 33324 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: ST ( ) Delete
Name: HENRICH, WILLIAM E
Address: 51 GOODMAN DRIVE, SUITE 100
City-St-Zip: CINCINNATI, OH 452190970

Title: CD (X) Delete
Name: KAUTZ, JAMES C
Address: 251 OAK RIDGE DRIVE
City-St-Zip: SUMMIT, NJ 079013258

Title: D ( ) Delete
Name: GRAFNER, DANIEL L
Address: 51 DOODMAN DRIVE, SUITE 100
City-St-Zip: CINCINNATI, OH 452190970 US

Title: CD ( ) Delete
Name: WILLIAMS, JEFFREY P
Address: 14 E. 93RD STREET
City-St-Zip: NEW YORK, NY 101280610 US

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 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: WILLIAM E. HENRICH ST 01/04/2006

Electronic Signature of Signing Officer or Director — Date