

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006238

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: HARDING UNIVERSITY, INC.

Current Principal Place of Business:

900 E CENTER
SEARCY, AR 721490001

New Principal Place of Business:

Current Mailing Address:

BOX 12277
SEARCY, AR 721490001

New Mailing Address:

FEI Number: 71-0236896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, DAVID L
111 W. MADISON ST., STE 574
TALLAHASSEE, FL 323991400 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: BURKS, DAVID B
Address: 900 E CENTER
City-St-Zip: SEARCY, AR

Title: V () Delete
Name: CARR, JAMES W
Address: 900 E CENTER
City-St-Zip: SEARCY, AR

Title: S () Delete
Name: TUCKER JR, LOTT R
Address: 900 E CENTER
City-St-Zip: SEARCY, AR

Title: T () Delete
Name: ROWAN, BYRON A
Address: 900 E CENTER
City-St-Zip: SEARCY, AR

Title: V () Delete
Name: DANIEL, C. FLOYD
Address: BOX 12238
City-St-Zip: SEARCY, AR

Title: AV () Delete
Name: SHELDON, TODD L
Address: 10772
City-St-Zip: SEARCY, AR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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 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: TODD SHELDON

Electronic Signature of Signing Officer or Director

AV

04/03/2002

Date