

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000869

1. Entity Name

KETTERING UNIVERSITY, INC.



Principal Place of Business

1700 WEST THIRD AVENUE
FLINT, MI 48504-4898

Mailing Address

1700 WEST THIRD AVENUE
FLINT, MI 48504-4898

DO NOT WRITE IN THIS SPACE



04082005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

38-2410852

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHN, JAMES E.A.
STREET ADDRESS	1700 WEST THIRD AVENUE
CITY-ST-ZIP	FLINT, MI 485044898
TITLE	S
NAME	DUNHAM, JOANNE
STREET ADDRESS	1700 WEST THIRD AVENUE
CITY-ST-ZIP	FLINT, MI 485044898
TITLE	T
NAME	BOLT, SUSAN K
STREET ADDRESS	1700 WEST THIRD AVENUE
CITY-ST-ZIP	FLINT, MI 485044898
TITLE	CD
NAME	KAGLE, ROBERT C
STREET ADDRESS	2480 SAND HILL ROAD, SUITE 200
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	D
NAME	WARNER, JANE L
STREET ADDRESS	901 TOWER DRIVE
CITY-ST-ZIP	TROY, MI 48098
TITLE	D
NAME	ANDERSON, JOSEPH B JR.
STREET ADDRESS	42555 MERRILL
CITY-ST-ZIP	STERLING HEIGHTS, MI 483143266

107000312109
04/18/05-80072-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Susan K. Bolt

Susan K. Bolt

04-15-2005

(810)

762-9790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #