

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000869

FILED
Mar 07, 2008
Secretary of State

Entity Name: KETTERING UNIVERSITY, INC.

Current Principal Place of Business:

1700 WEST THIRD AVENUE
FLINT, MI 485044898

New Principal Place of Business:

Current Mailing Address:

1700 WEST THIRD AVENUE
FLINT, MI 485044898

New Mailing Address:

FEI Number: 38-2410852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: LIBERTY, STANLEY R
Address: 1700 WEST THIRD AVENUE
City-St-Zip: FLINT, MI 485044898

Title: S () Delete
Name: REYNOLDS, SUSAN
Address: 1700 WEST THIRD AVENUE
City-St-Zip: FLINT, MI 485044898

Title: T () Delete
Name: BOLT, SUSAN K
Address: 1700 WEST THIRD AVENUE
City-St-Zip: FLINT, MI 485044898

Title: CD () Delete
Name: KAGLE, ROBERT C
Address: 2480 SAND HILL ROAD, SUITE 200
City-St-Zip: MENLO PARK, CA 94025

Title: D () Delete
Name: WARNER, JANE L
Address: 3600 WEST LAKE AVE
City-St-Zip: GLENVIEW, IL 60026

Title: D () Delete
Name: VARFIELD, JON E
Address: 17199 N LAUREL PARK DR
City-St-Zip: LIVONIA, MI 48152

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: CD (X) Change () Addition
Name: COVENTRY, BRUCE D
Address: CIMS 420-00-00 5800 ANN ARBOR RD
City-St-Zip: DUNDEE, MI 48131

Title: D (X) Change () Addition
Name: COWGER, GARY L
Address: 300 RENAISSANCE CTR MC 482-C37-D81
City-St-Zip: DETROIT, MI 48265

Title: D (X) Change () Addition
Name: DEDO, JACQUELINE A
Address: PO BOX 6929, MC BON-02
City-St-Zip: CANTON, OH 44706

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN BOLT

T

03/07/2008

Electronic Signature of Signing Officer or Director

Date