

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001412

FILED  
Mar 26, 2008  
Secretary of State

**Entity Name:** THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND CORP.

**Current Principal Place of Business:**

6823 ST. CHARLES AVENUE  
NEW ORLEANS, LA 70118

**New Principal Place of Business:**

**Current Mailing Address:**

3439 PRYTANIA STREET  
SUITE 200  
NEW ORLEANS, LA 70115

**New Mailing Address:**

**FEI Number:** 72-0423889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: C ( ) Delete  
Name: GREER, PHILIP  
Address: 6823 ST. CHARLES AVE., 317A GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

Title: VC ( ) Delete  
Name: FREEMAN, RICHARD W  
Address: 6823 ST. CHARLES AVE 317A GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

Title: VC ( ) Delete  
Name: LAPEYRE, JAMES M  
Address: 6823 ST. CHARLES AVE., 317A GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

Title: CEO ( ) Delete  
Name: COWEN, SCOTT S  
Address: 6823 ST. CHARLES AVE., 317A GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

Title: S ( ) Delete  
Name: JOHNSON, VICTORIA D  
Address: 6823 ST. CHARLES AVE., 300 GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

Title: T ( ) Delete  
Name: LORINO, ANTHONY P  
Address: 6823 ST. CHARLES AVE., 204 GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VC (X) Change ( ) Addition  
Name: BERNICK, CAROL L  
Address: 6823 ST. CHARLES AVE 317A GIBSON HALL  
City-St-Zip: NEW ORLEANS, LA 70118

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 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: VICTORIA D JOHNSON

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03/26/2008

Electronic Signature of Signing Officer or Director

Date