

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001412

FILED
Jan 27, 2009
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:

6823 ST. CHARLES AVENUE
NEW ORLEANS, LA 70118

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: BERNICK, CAROL L
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: () 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:

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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01/27/2009

Electronic Signature of Signing Officer or Director

Date