2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004334

FILED Apr 25, 2006 Secretary of State

Entity Name: WILLIAM JEWELL COLLEGE CORPORATION

Current Principal Place of Business: New Principal Place of Business: 500 COLLEGE HILL LIBERTY, MO 640681896 **Current Mailing Address: New Mailing Address:** 500 COLLEGE HILL LIBERTY, MO 640681896 FEI Number: 44-0545914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DUNCAN, DONALD PLACE, EDWARD Name: Name: 1044 NORTH NEWCASTLE Address: 2154 WINDING WOODS DRIVE Address: City-St-Zip: SPRINGFIELD, MO 658022197 City-St-Zip: LIBERTY, MO 64068 Title: VC () Delete Title: () Change () Addition CROUCH, WILLIAM M Name: Name: Address: 239 CHASSELLE LANE Address: City-St-Zip: ST. LOUIS, MO 631417332 City-St-Zip: Title: () Delete Title: () Change () Addition SALLEE, DAVID L Name: Name: 500 COLLEGE HILL Address: Address: City-St-Zip: LIBERTY, MO 640681896 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition DEMPSEY, RON Name: Name: Address: 500 COLLEGE HILL Address: City-St-Zip: LIBERTY, MO 640681896 City-St-Zip: Title: () Delete Title: () Change () Addition STEINCROSS, JOY S Name: Name: 500 COLLEGE HILL Address: Address: City-St-Zip: LIBERTY, MO 640681896 City-St-Zip: Title: () Delete Title: (X) Change () Addition COMMENT, JEFFREY W COMMENT, MARTHA B Name: Name: Address: 1223 WEST 56TH STREET Address: 1223 WEST 56TH STREET KANSAS CITY, MO 641131142 KANSAS CITY, MO 641131142 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RON DEMPSEY VP 04/25/2006