


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000004502 1. Entity Name ANDREWS UNIVERSITY	
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Principal Place of Business U.S. 31 BERRIEN SPRINGS, MI 49104	Mailing Address PLANNED GIVING/TRUST SERVICES ADMIN. BLDG/STE 310 BERRIEN SPRINGS, MI 49104-0645
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04092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-1627600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BRAUN, KEITH B 222 LAKEVIEW AVE STE. 950 WEST PALM BEACH, FL 33401
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KARST, GERRY D 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 209046600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WRIGHT, WALTER L BOX C BERRIEN SPRING, MI 49103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITO, ISRAEL PO BOX 830518 MIAMI, FL 332820518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREASEN, NIELS-ERIK ANDREWS UNIVERSITY BERRIEN SPRINGS, MI 491040670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHALK, LAWRENCE E ANDREWS UNIVERSITY BERRIEN SPRINGS, MI 491040600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000930139  
05/21/08-80096-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lawrence E Schalk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04/17/2008 <small>Date</small>	(269) 471-3484 <small>Daytime Phone #</small>
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