

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004502

Entity Name: ANDREWS UNIVERSITY

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

U.S. 31
BERRIEN SPRINGS, MI 49104

New Principal Place of Business:

Current Mailing Address:

PLANNED GIVING/TRUST SERVICES
ADMIN. BLDG/STE 310
BERRIEN SPRINGS, MI 491040645

New Mailing Address:

PLANNED GIVING/TRUST SERVICES
ADMIN. BLDG/STE 310
BERRIEN SPRINGS, MI 491040645 US

FEI Number: 38-1627600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, KEITH B
222 LAKEVIEW AVE STE. 950
WEST PALM BEACH, FL 33401 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: KARST, GERRY D
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRING, MD 209046600

Title: VC () Delete
Name: WRIGHT, WALTER L
Address: BOX C
City-St-Zip: BERRIEN SPRING, MI 49103

Title: D () Delete
Name: LEITO, ISRAEL
Address: PO BOX 830518
City-St-Zip: MIAMI, FL 332820518

Title: P () Delete
Name: ANDREASEN, NIELS-ERIK
Address: ANDREWS UNIVERSITY
City-St-Zip: BERRIEN SPRINGS, MI 491040670

Title: VP () Delete
Name: SCHALK, LAWRENCE E
Address: ANDREWS UNIVERSITY
City-St-Zip: BERRIEN SPRINGS, MI 491040600

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: LIVESAY, DON
Address: BOX C
City-St-Zip: BERRIEN SPRING, MI 49103

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: LAWRENCE E. SCHALK

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date