# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2011**
**Secretary of State**

DOCUMENT# F02000004502

**Entity Name:** ANDREWS UNIVERSITY

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| U.S. 31<br>BERRIEN SPRINGS, MI 49104 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| PLANNED GIVING/TRUST SERVICES<br>ADMIN. BLDG/STE 310<br>BERRIEN SPRINGS, MI 491040645 US | PLANNED GIVING/TRUST SERVICES<br>4150 ADMINISTRATION DRIVE<br>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:** | **Name and Address of New Registered Agent:** |
|---|---|
| BRAUN, KEITH B<br>222 LAKEVIEW AVE STE. 950<br>WEST PALM BEACH, FL 33401    US | |

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
Name:        SCHOUN, BENJAMIN D
Address:     12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRING, MD 209046600 US

Title:       VC
Name:        LIVESAY, DON
Address:     BOX C
City-St-Zip: BERRIEN SPRINGS, MI 49103 US

Title:       M
Name:        JOHNSON, SANDRA K
Address:     111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32701 US

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

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

I hereby 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 all other like empowered.

SIGNATURE:  LAWRENCE E. SCHALK                              VP                    04/05/2011
  Electronic Signature of Signing Officer or Director                                    Date