

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004738

FILED
Jul 06, 2006
Secretary of State

Entity Name: ROCKHURST UNIVERSITY CONTINUING EDUCATION CENTER, INC.

Current Principal Place of Business:

6901 WEST 63RD STREET
OVERLAND PARK, KS 66202

New Principal Place of Business:

Current Mailing Address:

6901 WEST 63RD STREET
OVERLAND PARK, KS 66202

New Mailing Address:

FEI Number: 43-1576558 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PD () Delete
Name: KINERK, EDWARD FR., SJ
Address: 6901 WEST 63RD STREET
City-St-Zip: OVERLAND PARK, KS 66202

Title: D () Delete
Name: WEINBERG, GARY
Address: 6901 WEST 63RD STREET
City-St-Zip: OVERLAND PARK, KS 66202

Title: D () Delete
Name: LONG, ROBERT
Address: 6901 WEST 63RD STREET
City-St-Zip: OVERLAND PARK, KS 66202

Title: SD () Delete
Name: VAN DYKE, MICHAEL
Address: 6901 WEST 63RD STREET
City-St-Zip: OVERLAND PARK, KS 66202

Title: D () Delete
Name: FRIGON, HANK
Address: 6901 WEST 63RD STREET
City-St-Zip: OVERLAND PARK, KS 66202

Title: VP () Delete
Name: GULSETH, DAVID
Address: 6901 W 63RD ST
City-St-Zip: OVERLAND PARK, KS 66202

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 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: CAROL J. CLEARY

Electronic Signature of Signing Officer or Director

ACCT

07/06/2006

Date