

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004738

FILED  
Jan 27, 2009  
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 ( )

**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: CURRAN, THOMAS 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 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: DAVID GULSETH

VP

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date