
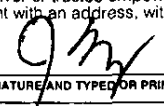


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000006369 1. Entity Name TEXAS TECH FOUNDATION, INC.			
Principal Place of Business BOX 41081 LUBBOCK, TX 79409-1081		Mailing Address BOX 41081 LUBBOCK, TX 79409-1081	
2. Principal Place of Business Box 45025 Suite, Apt. #, etc. LUBBOCK, TX City & State 79409-5025 U.S.A. Zip Country		3. Mailing Address Box 45025 Suite, Apt. #, etc. LUBBOCK, TX City & State 79409-5025 U.S.A. Zip Country	
4. FEI Number 75-6043842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 236 E. 6TH AVE. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNINGER, ED 21 DEVONWOOD SAN ANTONIO, TX 78257	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TURNER, JERRY 2801 VIA FORTUNA, STE 100 AUSTIN, TX 78746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDER, WICK 840 W. MITCHELL ST. ARLINGTON, TX 76013	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILTZ, JOHN MD 1424 OAKLAWN CORSICANA, TX 75110	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OWENS, JOHN 4618 5TH ST LUBBOCK, TX 79416	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRUNJES, JIM BOX 42016 LUBBOCK, TX 794091081	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Jim BRUNJES Date: 6/30/05 Daytime Phone #	