## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000006369

Entity Name: TEXAS TECH FOUNDATION, INC.

FILED May 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** LUBBOCK, TX 794091081 LUBBOCK, TX 794095025 **Current Mailing Address: New Mailing Address:** BOX 45025 BOX 41081 LUBBOCK, TX 794095025 LUBBOCK, TX 794091081 FEI Number: 75-6043842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: CORPORATE ACCESS, INC. 236 E. 6TH AVE TALLAHASSEE, FL 32303 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition BENNINGER, ED CASH, DON Name: Name: 21 DEVONWOOD Address: 5201 10TH PLACE Address: City-St-Zip: SAN ANTONIO, TX 78257 City-St-Zip: LUBBOCK, TX 79416 Title: PD () Delete Title: () Change () Addition Name: TURNER, JERRY Name: Address: 2801 VIA FORTUNA, STE 100 Address: City-St-Zip: AUSTIN, TX 78746 City-St-Zip: Title: () Delete Title: () Change () Addition ALEXANDER, WICK Name: Name: 840 W. MITCHELL ST. Address: Address: City-St-Zip: ARLINGTON, TX 76013 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BILTZ, JOHN MD Name: Address: 1424 OAKLAWN Address: City-St-Zip: CORSICANA, TX 75110 City-St-Zip: Title: () Delete Title: () Change () Addition OWENS, JOHN Name: Name: Address: 4618 5TH ST Address: City-St-Zip: LUBBOCK, TX 79416 City-St-Zip: Title: () Delete Title: () Change () Addition BRUNJES, JIM Name: Name: Address: BOX 42016 Address: LUBBOCK, TX 794091081 City-St-Zip: 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: JIM BRUNJES T 05/01/2006