

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001025

FILED
Feb 12, 2008
Secretary of State

Entity Name: WEST CHESTER UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

628 SOUTH HIGH STREET
WEST CHESTER, PA 19383

New Principal Place of Business:

Current Mailing Address:

628 SOUTH HIGH STREET
WEST CHESTER, PA 19383

New Mailing Address:

FEI Number: 23-3054174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONTE, LAWRENCE
7910 SW 141ST AVENUE
MIAMI, FL 33183 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: PT () Delete
Name: SHAFFNER, PAULA D ESQ.
Address: SAUL EWING, 1500 MARKET STREET, 38TH FLOOR
City-St-Zip: PHILADELPHIA, PA 191022186

Title: VP () Delete
Name: CICCARONE, JOHN J
Address: OMEGA INDUSTRIES, 908 SHERIDAN DRIVE
City-St-Zip: WEST CHESTER, PA 19382

Title: TD () Delete
Name: MCCARTHY, JOHN
Address: ARAMARK CORPORATION, 714 WEADLEY ROAD
City-St-Zip: RADNOR, PA 19087

Title: ST () Delete
Name: MATHER, SANDRA F DR.
Address: WEST CHESTER UNIV OF PA, 13 ROOSEVELT WAY
City-St-Zip: AVONDALE, PA 19311

Title: EDT () Delete
Name: PRZYWARA, RICHARD
Address: WEST CHESTER UNIV OF PA, FILANO HALL 102
City-St-Zip: WEST CHESTER, PA 19383

Title: T () Delete
Name: WING ADLER, MADELEINE DR.
Address: WEST CHESTER UNIV OF PA, PHILIPS MEM. BLDG
City-St-Zip: WEST CHESTER, PA 19383

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: RICHARD PRZYWARA

EDT

02/12/2008

Electronic Signature of Signing Officer or Director

Date