2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002839

1. Entity Name
THE UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION INC.



FILED

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90414 035 ****61.25

50012940

Principal Place of Business 1600 HAMPTON ST., SUITE 814 COLUMBIA, SC 29208

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

1600 HAMPTON ST., SUITE 814 COLUMBIA, SC 29208

		Suite, Apt. #, etc.			03312006 Chg-NP CR2E037 (11/05)			
		City & State			4. FEI Number 57-6017985			
Zip	Country	Zip	Country	5. Certificate of Status	s Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current Regist		7. Name and Address of New Registered Agent					
BARBER, STEVEN K ESQUIRE FOWLER, WHITE, GILLEN, BOGGS ET AL P.A. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602			Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
17 11 11 7 1, 1	L 00002		City		F	L Zip Coo	ie	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution.		\$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	ED	☐ Delete	TITLE	, .		☐ Change	☐ Addition	
NAME	VANHUSS, SUSIE H		NAME					
STREET ADDRESS	208 OSBORNE BUILDING		STREET ADDRESS					
CITY-ST-ZIP	COLUMBIA, SC 29208		CITY-ST-ZIP					
TITLE	CFO	☐ Delete	TITLE			Change	Addition	
NAME	MEEKINS, RUSSELL H		NAME					
STREET ADDRESS	208 OSBORNE BUILDING		STREET ADDRESS					
CITY-ST-ZIP	COLUMBIA, SC	-···	CITY-ST-ZIP					
TITLE								
114445	C	☐ Delete	TITLE			☐ Change	Addition	
NAME	C SMITH, JOHN C. B JR 1401 MAIN STREET, SUITE 1150	☐ Delete	TITLE NAME			☐ Change	Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustage 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 attackneylt with an address, with all office like empowered.

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NAME

TITLE

NAME

TITLE

NAME

COLUMBIA, SC 29202

COLUMBUS, GA 31901

111 BAY AVENUE, SUITE 500

3455 PEACHTREE RD, SUITE 1700

1901 ASSEMBLY STREET, SUITE 390

GREEN, GRED LIII

WRIGHT, J. ALLEN

ATLANTA, GA 30326

WILSON, G. LARRY

COLUMBIA, SC 29201

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

803-777-0001

☐ Change

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Addition

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