
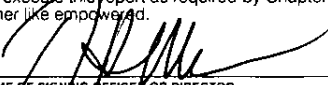


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90331 036 ****61.25

DOCUMENT # F03000002839					
1. Entity Name THE UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION INC.					
Principal Place of Business 1600 HAMPTON ST., SUITE 814 COLUMBIA, SC 29208			Mailing Address 1600 HAMPTON ST., SUITE 814 COLUMBIA, SC 29208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-6017985	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBER, STEVEN K ESQUIRE FOWLER, WHITE, GILLEN, BOGGS ET AL P.A. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602			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 May 1, 2007		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 ED NAME VANHUSS, SUSIE H STREET ADDRESS 208 OSBORNE BUILDING CITY-ST-ZIP COLUMBIA, SC 29208	<input checked="" type="checkbox"/> Delete		TITLE ED NAME ODOM, Jerome D. STREET ADDRESS 107 Osborne Bldg. CITY-ST-ZIP Columbia, SC 29208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CFO NAME MEEKINS, RUSSELL H STREET ADDRESS 208 OSBORNE BUILDING CITY-ST-ZIP COLUMBIA, SC	<input type="checkbox"/> Delete		TITLE CFO NAME meekins, Russell H. STREET ADDRESS 107 Osborne Bldg. CITY-ST-ZIP Columbia, SC 29208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME SMITH, JOHN C. B JR STREET ADDRESS 1401 MAIN STREET, SUITE 1150 CITY-ST-ZIP COLUMBIA, SC 29202	<input type="checkbox"/> Delete		TITLE VC NAME Green, Fred L. III STREET ADDRESS 111 Bay Avenue, Suite 600 CITY-ST-ZIP Columbus, GA 31901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME WRIGHT, J. ALLEN STREET ADDRESS 3455 PEACHTREE RD, SUITE 1700 CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Delete		TITLE VC NAME Green, Fred L. III STREET ADDRESS 111 Bay Avenue, Suite 600 CITY-ST-ZIP Columbus, GA 31901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VC NAME GREEN, GRED L III STREET ADDRESS 111 BAY AVENUE, SUITE 500 CITY-ST-ZIP COLUMBUS, GA 31901	<input type="checkbox"/> Delete		TITLE ST NAME WRIGHT, J. ALLEN STREET ADDRESS 3455 PEACHTREE RD, SUITE 1700 CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VC NAME GREEN, GRED L III STREET ADDRESS 111 BAY AVENUE, SUITE 500 CITY-ST-ZIP COLUMBUS, GA 31901	<input type="checkbox"/> Delete		TITLE ST NAME WRIGHT, J. ALLEN STREET ADDRESS 3455 PEACHTREE RD, SUITE 1700 CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 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: Russell H. Meekins 					
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					