

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90008 021 ****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**

40046456



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

03032008 Chg-NP CR2E037 (12/06)

4. FEI Number
57-6017985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
ODOM, JEROME D
107 OSBORNE BLDG
COLUMBIA, SC 29208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
MEEKINS, RUSSELL H
107 OSBORNE BLDG
COLUMBIA, SC 29208** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SMITH, JOHN C. B JR
1401 MAIN STREET, SUITE 1150
COLUMBIA, SC 29202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
GREEN, FRED L III
111 BAY AVENUE, SUITE 500
COLUMBUS, GA 31901** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WRIGHT, J. ALLEN
3455 PEACHTREE RD, SUITE 1700
ATLANTA, GA 30326** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
WRIGHT, J. ALLEN
3455 PEACHTREE RD, SUITE 1700
ATLANTA, GA 30326** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
TIMMERMAN, DEBRA R.
4203 CAMERON OAKS DRIVE
CHARLOTTE, NC 28211** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08

Date

(803) 777-1466

Daytime Phone #