2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# F03000003505

Entity Name: UNIVERSITY OF NORTHERN IOWA FOUNDATION CORPORATION

Current Principal Place of Business:

205 COMMONS
CEDAR FALLS, IA 506140282

New Principal Place of Business:

Current Mailing Address:

205 COMMONS
CEDAR FALLS, IA 506140282

New Mailing Address:

FEI Number: 42-6058591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGER, WILLIAM D
2360 NW 45TH ST
BOCA RATON, FL 33431 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:	P	( ) Delete
Name:	CALHOUN, WILLIAM D JR	
Address:	205 COMMONS	
City-St-Zip:	CEDAR FALLS, IA 506140282	
Title:	VP	( ) Delete
Name:	RATLIFF, RUTH	
Address:	205 COMMONS	
City-St-Zip:	CEDAR FALLS, IA 506140282	
Title:	V	( ) Delete
Name:	ESSER, FRANK	
Address:	205 COMMONS	
City-St-Zip:	CEDAR FALLS, IA 506140282	
Title:	V	( ) Delete
Name:	SHONTZ, GARY	
Address:	205 COMMONS	
City-St-Zip:	CEDAR FALLS, IA 506140282	
Title:	S	( ) Delete
Name:	CARLISLE, JEAN	
Address:	205 COMMONS	
City-St-Zip:	CEDAR FALLS, IA 506140282	
Title:	T	( ) Delete
Name:	EVEN, KRISTINE J	
Address:	205 COMMONS	
City-St-Zip:	CEDAR FALLS, IA 50614	

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: WILLIAM D. CALHOUN JR P 01/30/2008

Electronic Signature of Signing Officer or Director — Date