
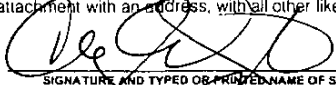


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90066 032 ****61.25

DOCUMENT # F03000004507					
1. Entity Name UNIVERSITY OF NEBRASKA FOUNDATION INC.					
Principal Place of Business 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508-2886			Mailing Address 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508-2886		
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 47-0379839	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST- ZIP	CEOV FAIRFIELD, TERRY 1010 LINCOLN MALL, STE 300 LINCOLN, NE 685082886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Jon W. Abegglen P.O. Box 2678 Kearney, NE 68848-2678 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P CASTNER, CLAREY 1010 LINCOLN MALL, STE 300 LINCOLN, NE 685082886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Kevin Meyer 1010 Lincoln Mall, Ste 300 Lincoln, NE 68508-2886 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VT MORIN, DAN 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 685082886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Keith Miles, VP 1010 Lincoln, Mall Ste 300 Lincoln, NE 68508-2886 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V NIEMANN, JOHN 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 685082886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Joe Selig 8712 W. Dodge, St. Ste 100 Omaha, NE 68114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AVP EDGERTON, TRACY 1010 LINCOLN MALL, STE 300 LINCOLN, NE 685082886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V ROSENLOF, CLARK 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 685082886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<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: 		Tracy Edgerton		4-2-08 402-758-1160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	