

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # F03000005208

1. Entity Name
HOFSTRA UNIVERSITY INC.



Principal Place of Business
**1000 FULTON AVENUE
HEMPSTEAD, NY 11549 US**

Mailing Address
**128 HOFSTRA UNIVERSITY
OFFICE OF FINANCIAL AFFAIRS
HEMPSTEAD, NY 11549 US**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
11-1630906

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RABINOWITZ, STUART 1000 FULTON AVENUE HEMPSTEAD, NY 11549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President for Planning and Administration ADAMSKI, PATRICIA 1000 FULTON AVENUE HEMPSTEAD, NY 11549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President for Financial Affairs & Treasurer HENNESSY, CATHERINE 1000 FULTON AVENUE HEMPSTEAD, NY 11549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President for Legal Affairs and General Counsel FREDRICH, DOLORES 1000 FULTON AVENUE HEMPSTEAD, NY 11549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President for Development KELLY, ALAN 1000 FULTON AVENUE HEMPSTEAD, NY 11549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like employees.

SIGNATURE *Catherine Hennessy* **Vice President for Financial Affairs and Treasurer**

4/1/08