

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005208

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: HOFSTRA UNIVERSITY INC.

## Current Principal Place of Business:

1000 FULTON AVENUE  
HEMPSTEAD, NY 11549 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 11-1630906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: RABINOWITZ, STUART  
Address: 1000 FULTON AVENUE  
City-St-Zip: HEMPSTEAD, NY 11549 US

Title: V ( ) Delete  
Name: ADAMSKI, PATRICIA  
Address: 1000 FULTON AVENUE  
City-St-Zip: HEMPSTEAD, NY 11549 US

Title: V ( ) Delete  
Name: HENNESSY, CATHERINE  
Address: 1000 FULTON AVENUE  
City-St-Zip: HEMPSTEAD, NY 11549 US

Title: V ( ) Delete  
Name: FREDRICK, DOLORES  
Address: 1000 FULTON AVENUE  
City-St-Zip: HEMPSTEAD, NY 11549 US

Title: V ( ) Delete  
Name: KELLY, ALAN  
Address: 1000 FULTON AVENUE  
City-St-Zip: HEMPSTEAD, NY 11549 US

## 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: V (X) Change ( ) Addition  
Name: FREDRICH, DOLORES  
Address: 1000 FULTON AVENUE  
City-St-Zip: HEMPSTEAD, NY 11549 US

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: CATHERINE HENNESSY

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date