


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006206
 1. Entity Name
CAPELLA UNIVERSITY, INC.



Principal Place of Business Mailing Address
225 SOUTH SIXTH STREET, FLOOR 9 **225 SOUTH SIXTH STREET, FLOOR 9**
MINNEAPOLIS, MN 55402 **MINNEAPOLIS, MN 55402**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (1/05)

4. FEI Number 41-1740392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATRICK, PAMELA DR
5911 RIVERSIDE DR.
PORT ORANGE, FL 32127

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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: *Pamela K. Patrick D.D.* 1.10.06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P SHANK, STEPHEN G MR 225 S. SIXTH STREET, 9TH FLOOR MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHROEDER, PAUL 225 S. SIXTH STREET, 9TH FLOOR MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOM, GREGORY MR 225 S. SIXTH STREET, 9TH FLOOR MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, LOIS 225 S. SIXTH STREET, 9TH FLOOR MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/01/06-80029-015 150.00

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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 607, 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: *Gregory W. Thom* 1/10/06 612-977-5470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #