

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006206

Entity Name: CAPELLA UNIVERSITY, INC.

FILED
Mar 14, 2011
Secretary of State

Current Principal Place of Business:

225 SOUTH SIXTH STREET, FLOOR 9
MINNEAPOLIS, MN 55402 US

New Principal Place of Business:

Current Mailing Address:

225 SOUTH SIXTH STREET, FLOOR 9
MINNEAPOLIS, MN 55402 US

New Mailing Address:

FEI Number: 41-1740392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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: IP
Name: BUSHWAY, DEBORAH
Address: 225 S. SIXTH STREET, 9TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: S
Name: STEPHAN, KIMBERLY
Address: 225 S. SIXTH STREET, 9TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: T
Name: RONNEBERG, AMY
Address: 225 S. SIXTH STREET, 9TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: C
Name: BALLINGER, MARCIA
Address: 225 S. SIXTH STREET, 9TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: D
Name: BERRY, BERTICE
Address: 225 S. SIXTH STREET, 9TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: D
Name: FOX, ROBERT
Address: 225 S. SIXTH STREET, 9TH FLOOR
City-St-Zip: MINNEAPOLIS, MN 55402 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY F. STEPHAN

S

03/14/2011

Electronic Signature of Signing Officer or Director

Date