2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# F04000000243

Entity Name: THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA INC.

Current Principal Place of Business:

3451 WALNUT STREET
PHILADELPHIA, PA 19104

New Principal Place of Business:

Current Mailing Address:

619 FRANKLIN BUILDING
3451 WALNUT STREET
PHILADELPHIA, PA 191046285

New Mailing Address:

615 FRANKLIN BUILDING
3451 WALNUT STREET
PHILADELPHIA, PA 191046285

FEI Number: 23-1352685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	GUTMAN, AMY	
Address:	100 COLLEGE HALL	
City-St-Zip:	PHILADELPHIA, PA 191046380	
Title:	S	( ) Delete
Name:	KRUHLY, LESLIE	
Address:	221 COLLEGE HALL	
City-St-Zip:	PHILADELPHIA, PA 191046303	
Title:	T	( ) Delete
Name:	DOUGLASS, SCOTT R	
Address:	3451 WALNUT STREET, 731 FRANKLIN BLDG.	
City-St-Zip:	PHILADELPHIA, PA 191046293	
Title:	D	(X) Delete
Name:	ADAMS, ARLIN M HON.	
Address:	1600 MARKET STREET	
City-St-Zip:	PHILADELPHIA, PA 19103	
Title:	D	(X) Delete
Name:	ANDERSON, EDWARD T	
Address:	STANFORD UNIVERSITY HOSPITAL	
City-St-Zip:	PALO ALTO, CA 943012747	
Title:	D	(X) Delete
Name:	ARADER, WALTER G	
Address:	600 HUSTON ROAD	
City-St-Zip:	RADNOR, PA 190874423	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT R. DOUGLASS T 07/17/2006

Electronic Signature of Signing Officer or Director — Date