## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004606

FILED Jan 17, 2006 Secretary of State

Entity Name: UNIVERSITY OF VIRGINIA FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 465 CRESTWOOD DRIVE CHARLOTTESVILLE, VA **Current Mailing Address: New Mailing Address:** P.O. BOX 400218 CHARLOTTESVILLE, VA 229044218 FEI Number: 54-1682176 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KINGTON, MARK J Name: Name: 201 N UNION STREET, SUITE 300 Address: Address: City-St-Zip: ALEXANDRIA, VA 22314 City-St-Zip: Title: SCEO () Delete Title: () Change () Addition ROSE, TIM R PH.D. Name: Name: Address: P.O. BOX 400218 Address: City-St-Zip: CHARLOTTESVILLE, VA 229044218 City-St-Zip: Title: () Delete Title: () Change () Addition HUME, CLAIRE P Name: Name: P.O. BOX 400218 Address: Address: City-St-Zip: CHARLOTTESVILLE, VA 229044218 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: SAUNDERS, THOMAS A III Name: FRALIN, HEYWOOD 667 MADISON AVE Address: Address: P.O. BOX 20069 City-St-Zip: NEW YORK, NY 10021 City-St-Zip: ROANOKE, VA 240182069 Title: ( ) Delete Title: (X) Change ( ) Addition ANDREWS, HUNTER B FITZ-HUGH, JR., G.SLAUGHTER Name: Name: 308 MARSHALL STREET 302 VIRGINIA AVENUE Address: Address: City-St-Zip: HAMPTON, VA 23219 City-St-Zip: RICHMOND, VA 23226 Title: ( ) Delete Title: () Change () Addition BUTCHER, ROBERT G JR Name: Name: Address: 300 RIVER ROAD WEST Address: MANAKIN SABOT, VA 23103 City-St-Zip: 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: CLAIRE P. HUME T 01/17/2006