

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004606

FILED  
Feb 28, 2007  
Secretary of State

**Entity Name:** UNIVERSITY OF VIRGINIA FOUNDATION, INC.

**Current Principal Place of Business:**

465 CRESTWOOD DRIVE  
CHARLOTTESVILLE, VA

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 400218  
CHARLOTTESVILLE, VA 229044218

**New Mailing Address:**

**FEI Number:** 54-1682176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: C ( ) Delete  
Name: KINGTON, MARK J  
Address: 201 N UNION STREET, SUITE 300  
City-St-Zip: ALEXANDRIA, VA 22314

Title: SCEO ( ) Delete  
Name: ROSE, TIM R PH.D.  
Address: P.O. BOX 400218  
City-St-Zip: CHARLOTTESVILLE, VA 229044218

Title: T ( ) Delete  
Name: HUME, CLAIRE P  
Address: P.O. BOX 400218  
City-St-Zip: CHARLOTTESVILLE, VA 229044218

Title: D ( ) Delete  
Name: FRALIN, HEYWOOD  
Address: P.O. BOX 20069  
City-St-Zip: ROANOKE, VA 240182069

Title: D ( ) Delete  
Name: FITZ-HUGH, JR., G. SLAUGHTER  
Address: 302 VIRGINIA AVENUE  
City-St-Zip: RICHMOND, VA 23226

Title: D ( ) Delete  
Name: BUTCHER, ROBERT G JR  
Address: 300 RIVER ROAD WEST  
City-St-Zip: MANAKIN SABOT, VA 23103

**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: CLAIRE P. HUME

TREA

02/28/2007

Electronic Signature of Signing Officer or Director

Date