2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006222

1. Entity Name
LESLEY UNIVERSITY INC.

Principal Place of Business	Mailing Address
29 EVERETT STREET CAMBRIDGE, MA 02138	29 EVERETT STREET CAMBRIDGE, MA 02138

DO NOT WRITE IN THIS SPACE

01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
04-2103589

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 3/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKENNA, MARGARET A
STREET ADDRESS	39 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	PROV
NAME	MCKENNA, MARTHA B
STREET ADDRESS	39 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	VCFO
NAME	GILROY, CHARLES
STREET ADDRESS	39 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	V
NAME	BATT, MARYLOU
STREET ADDRESS	39 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	C
NAME	RAIZES, DEBORAH S
STREET ADDRESS	39 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	T
NAME	WILSON, CHRISTOPHER
STREET ADDRESS	39 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790

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03/29/06-60001-005 70.00

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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 617, 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: _____ 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #