


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 015 ****61.25

DOCUMENT # F04000006222	
1. Entity Name LESLEY UNIVERSITY INC.	

Principal Place of Business 29 EVERETT STREET CAMBRIDGE, MA 02138	Mailing Address 29 EVERETT STREET CAMBRIDGE, MA 02138
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 04-2103589	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MOORE, JOSEPH
STREET ADDRESS	29 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	PROV <input type="checkbox"/> Delete
NAME	MCKENNA, MARTHA B
STREET ADDRESS	29 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	VCFO <input type="checkbox"/> Delete
NAME	GILROY, CHARLES
STREET ADDRESS	29 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	V <input type="checkbox"/> Delete
NAME	BATT, MARYLOU
STREET ADDRESS	29 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	C <input type="checkbox"/> Delete
NAME	RAIZES, DEBORAH S
STREET ADDRESS	29 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790
TITLE	D <input type="checkbox"/> Delete
NAME	PEEVEY, ROBIN
STREET ADDRESS	29 EVERETT STREET
CITY-ST-ZIP	CAMBRIDGE, MA 021382790

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Robin Peevey 1/8/2007 617-349-8491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #