2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# F04000007223

Entity Name: WSU FOUNDATION CORPORATION

Current Principal Place of Business:

255 EAST MAIN, SUITE 301
PULLMAN, WA 99163

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 641925
PULLMAN, WA 991641925

New Mailing Address:

FEI Number: 91-1075542 **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: IAN MARKWOOD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BASELER, THEODOR	
Address:	13421 35TH STREET NE	
City-St-Zip:	BELLEVUE, WA 98005	
Title:	D	( ) Delete
Name:	CAMPBELL, PHYLLIS J	
Address:	24224 SE 47TH STREET	
City-St-Zip:	ISSAQUAH, WA 98029	
Title:	D	( ) Delete
Name:	CARSON, SCOTT E	
Address:	29130 9TH PLACE S	
City-St-Zip:	FEDERAL WAY, WA 980033784	
Title:	D	( ) Delete
Name:	COWLES, ALLISON S	
Address:	1010 5H AVENUE #8-A	
City-St-Zip:	NEW YORK, NY 10028	
Title:	D	( ) Delete
Name:	CREIGHTON, JOHN W JR.	
Address:	3711 130TH AVENUE NE	
City-St-Zip:	BELLEVUE, WA 98005	
Title:	DVC	( ) Delete
Name:	CULVER, LARRY A	
Address:	109 CASCADE KEY	
City-St-Zip:	BELLEVUE, WA 980061003	

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: PHYLLIS CAMPBELL D 02/06/2006

Electronic Signature of Signing Officer or Director — Date