## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000007223

Entity Name: WSU FOUNDATION CORPORATION

FILED Oct 16, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 255 EAST MAIN, SUITE 301 PULLMAN, WA 99163 **Current Mailing Address: New Mailing Address:** P.O. BOX 641925 PULLMAN, WA 991641925 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: 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: MARILYN JOHNSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BASELER, THEODOR CULVER, LARRY Name: Name: 13421 35TH STREET NE Address: 109 CASCADE KEY Address: City-St-Zip: BELLEVUE, WA 98005 City-St-Zip: BELLEVUE, WA 98006 Title: () Delete Title: (X) Change ( ) Addition CAMPBELL, PHYLLIS J Name: FELTON, ROBERT F Name: Address: 24224 SE 47TH STREET Address: 2600 2ND AVE #2501 City-St-Zip: ISSAQUAH, WA 98029 City-St-Zip: SEATTLE, WA 98121 Title: () Delete Title: (X) Change ( ) Addition CARSON, SCOTT E ROJAS, TONY Name: Name: 29130 9TH PLACE S 2640 SHORELAND DR S Address: Address: City-St-Zip: FEDERAL WAY, WA 980033784 City-St-Zip: SEATTLE, WA 98144 Title: () Delete Title: (X) Change ( ) Addition Name: COWLES, ALLISON S Name: WILSON-HALE, BRENDA 1010 5H AVENUE #8-A 600 SW CRESTVIEW #10 Address: Address: City-St-Zip: NEW YORK, NY 10028 City-St-Zip: PULLMAN, WA 99163 Title: (X) Delete Title: () Change () Addition CREIGHTON, JOHN W JR. Name: Name: 3711 130TH AVENUE NE Address: Address: City-St-Zip: BELLEVUE, WA 98005 City-St-Zip: Title: (X) Delete Title: () Change () Addition CULVER, LARRY A Name: Name: Address: 109 CASCADE KEY Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: BRENDA WILSON-HALE P 10/16/2007

BELLEVUE, WA 980061003

City-St-Zip: