2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State
01-10-2007 90046 042 ****70.00

DOCUMENT # F05000001874

1. Entity Name
SOUTHERN ILLINOIS UNIVERSITY

40000883

Principal Place of Business	Mailing Address
MAILCODE 6828,NW ANNEX,WING B ROOM 203 CARBONDALE, IL 62901-6828	MAILCODE 6828,NW ANNEX,WING B ROOM 203 CARBONDALE, IL 62901-6828

01032007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 37-6005961 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRICK, MARY S NAVY CAMPUS,BUILDING 110 2ND FL RM 15 NAS JACKSONVILLE, FL 32212-5000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS GOLDMAN, SAMUEL 2919 W SUNSET DRIVE CARBONDALE, IL 62901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2919 B W. Sunset Drive	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VI C HIGHTOWER, ED 708 ST. LOUIS STREET EDWARDSVILLE, IL 62025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS WIGGINTON, STEPHEN 3201 W. MAIN ST BELLEVILLE, IL 62226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS SIMMONS, JOHN 707 BERKSHIRE EAST ALTON, IL 62024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TEDRICK, ROGER 1129 BROADWAY MOUNT VERNON, IL 62864	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUS SANDERS, KEITH 10904 BREEZY LAWN ROAD SPRING GROVE, IL 60081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY 618/536-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

By: Thomas H. Beebe, for John M. Dunn, Interim Chancellor
Southern Illinois University Carbondale

Southern Illinois University Carbondale

ATTACHMENT
40000883
F0508000 1874

November 15, 2006

MEMORANDUM

RECEIVED
NOV 21 2006
OFFICE OF MILITARY PROGRAMS

TO: Thomas H. Beebe
Director of Military Programs

FROM: John M. Dunn
Interim Chancellor

RE: Signature of Chancellor – Delegation of Authority

The Board of Trustees Statutes, Article II, Section 3, empower the Chancellor to execute all documents and exercise all executive and administrative powers necessary to the discharge of the duties of the Office, and to authorize delegation of certain administrative responsibility to other University officers.

I am hereby authorizing you to sign for and on my behalf all agreements, memoranda of understanding, applications for certificate of authority, institutional reports, and similar documents relating to the continuation of the Military Programs currently offered by the University. The terms of such documents are to be consistent with the Board of Trustees' policy governing Instructional Contracts (4 Policies of the Board A-5-e). Those documents that establish charges for a program shall include the overhead rate established by the President, pursuant to 4 Policies of the Board A-3-b. The form of signature will ordinarily appear as follows:

BOARD OF TRUSTEES OF
SOUTHERN ILLINOIS UNIVERSITY

By: _____
Thomas H. Beebe, for
John M. Dunn, Interim Chancellor
Southern Illinois University Carbondale

JMD:gmt

Approval:

c: Glenn Poshard
Deborah Nelson
Thomas Calhoun

_____
Deborah J. Nelson
Associate General Counsel

Office of the Chancellor
www.siuc.edu/chancel/
Anthony Hall 116 - Mail Code 4304
Southern Illinois University Carbondale
1265 Lincoln Drive
Carbondale, Illinois 62901
618 | 453.2341 Fax: 618 | 453.5362
www.siuc.edu

ATTACHMENT
40000883
F05000001874

Southern Illinois University – Board of Trustees

MAILCODE 6801
CARBONDALE, ILLINOIS 62901-6801

July 1, 2006

MEMBERS OF THE BOARD OF TRUSTEES

SAMUEL GOLDMAN (2005-2011)
2919 B W. Sunset Drive
Carbondale, IL 62901
Telephone: (618) 549-6674

* CHRISTINE GUERRA
(June 30, 2007)
Office of the Student Trustee
Mailcode 4423
Carbondale, IL 62901-4423
Telephone: (618) 453-6673

ED HIGHTOWER (2001-2007)
(VICE-CHAIR)
708 St. Louis Street
Edwardsville, IL 62025
Telephone: (618) 655-6014

KEITH R. SANDERS (2004-2007)
10904 Breezy Lawn Road
Spring Grove, IL 60081
Telephone: (815)675-0821

JOHN SIMMONS (2004-2007)
(SECRETARY)
707 Berkshire
East Alton, IL 62024
Telephone: (618) 259-2222

*Student Trustee, SIUC
**Student Trustee, SIUE

ROGER TEDRICK (2004-2009)
(CHAIR)
P. O. Box 848
1129 Broadway
Mt. Vernon, IL 62864
Telephone: (618) 244-5800

** JESSE PHELPS (June 30, 2007)
c/o Student Government
University Center, Box 1160
Edwardsville, IL 62026-1160
Telephone: (618) 650-3816

STEPHEN WIGGINTON (2005-2011)
3201 W. Main Street
Belleville, IL 62226
Telephone: (618) 257-2222

MARQUITA WILEY (2005-2009)
13 Towne Hall Estates Lane
Belleville, IL 62223
Telephone: (618) 235-9587

AP INVOICE DISTRIBUTION FORM

SOUTHERN ILLINOIS UNIVERSITY

Accounts Payable Use	
Date:	
Entered By:	

Department/Contact Information: Dept. Name **Military Programs** Contact Name **Gloria Tarter** Phone No. **536-3383** Mail Code **6828**

Please complete the following information, attach to the invoice and forward to the Accounts Payable Office, Mail Code 6818. If you have any questions, please call Accounts Payable at 3-2253.

General Instructions:

1. Each invoice must have the Account Distribution section completed.
2. The Fiscal Officer must sign for each unique Budget Purpose in ink.
3. The original form and invoice must be returned to Accounts Payable.
4. Complete a second form if the expense is to be split more than five ways.
5. Complete a Seller's Certification section at the bottom if necessary to obtain payee's signature.

Supplier Name/Address:	**Name:** Florida Department of State, Division of Corporations			**AIS Supplier No:**	
	Address: 2670 Executive Center Circle, Suite 100		**P.O. Box No.:**	**Supplier Site Name:**	
	City: Tallahassee	**State:** FL	**Zip:** 32301	**TIN or SSN:**	59-3466865
Invoice Number:	**Invoice Date:**	**Dollar Amount of Invoice:**	$70.00		
PO Number:	**Release Number:**	**PO Type:**	None	**Payment To:**	Vendor / Supplier

Is the payment to or on behalf of an U.S. Citizen or Permanent Resident? (•) **Yes** ( ) **No** (If no, the payment must be processed on a Contractual Service Voucher.) ☐ Pay Alone

Dates of Service: **Beginning/Ordered** 01 Jan 2007 **Ending/Received** 31 Dec 2007 ☑ **Send Attachments with Check** ☑ **Special Handling** Mail via UPS (attached)

Description/Note to Accounts Payable: Payment to operate in Florida; includes filing fee ($61.25) and certificate of status ($8.75).

Invoice Information

Date	Fiscal Officer Name (Typed)	Fiscal Officer Signature	Account Distribution									Dollar Amount
			Budget Purpose (or Alias)	Dept Act 1	Dept Act 2	Func	Nat Act	Obj	FY	SOF (AP Use Only)	PO Line Number	
03 Jan 2007	Thomas H. Beebe	Thomas H. Beebe by Gloria Tarter	279004						07			$70.00
												Total $70.00

ATTACHMENT 4000883
E650000187

SELLER'S CERTIFICATION

I hereby certify that the Goods, Merchandise, Ware, or Services shipped or performed in accordance with this invoice have met all of the required standards set forth in the Purchasing Contract and are proper charges against the State of Illinois or Board of Trustees of Southern Illinois University and that payment has not been received.

Signature _____

SUBMIT COMPLETED FORM, WITH INVOICE, TO ACCOUNTS PAYABLE, MC6818.