


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90011 045 \*\*\*\*70.00

<b>DOCUMENT # F05000001874</b>	
1. Entity Name <b>SOUTHERN ILLINOIS UNIVERSITY</b>	

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

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

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>37-6005961</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GARRICK, MARY S NAVY CAMPUS,BUILDING 110 2ND FL RM 15 NAS JACKSONVILLE, FL 32212-5000</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS GOLDMAN, SAMUEL 2919 B W SUNSET DR CARBONDALE, IL 62901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI C HIGHTOWER, ED 708 ST. LOUIS STREET EDWARDSVILLE, IL 62025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS WIGGINTON, STEPHEN 3201 W. MAIN ST BELLEVILLE, IL 62226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS SIMMONS, JOHN 707 BERKSHIRE EAST ALTON, IL 62024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TEDRICK, ROGER 1129 BROADWAY MOUNT VERNON, IL 62864 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS SANDERS, KEITH 10904 BREEZY LAWN ROAD SPRING GROVE, IL 60081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Thomas H. Beebe, Director of Military Programs 1/17/08 618/536-3388  
For, Fernando Trevino, Chancellor  
Southern Illinois University Carbondale

# ATTACHMENT

# 40012203  
F05000001874

## Southern Illinois University – Board of Trustees

MAILCODE 6801  
CARBONDALE, ILLINOIS 62901-6801



July 1, 2007

### MEMBERS OF THE BOARD OF TRUSTEES

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

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

\* MEGAN PULLIAM  
(June 30, 2008)  
Office of the Student Trustee  
Mailcode 4423  
Carbondale, IL 62901-4423  
Telephone: (618) 453-6673

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

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

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

\*\* CHRISTINE WILLIAMS  
(June 30, 2008)  
c/o Student Government  
University Center, Box 1160  
Edwardsville, IL 62026-1160  
Telephone: (618) 650-3816

\*Student Trustee, SIUC  
\*\*Student Trustee, SIUE

# RECEIVED

JUL 10 2007

OFFICE OF  
MILITARY PROGRAMS



**Southern**  
Illinois University  
**Carbondale**

July 1, 2007

MEMORANDUM

TO: Thomas H. Beebe  
Director of Military Programs

FROM: Fernando M. Treviño  
Chancellor

SUBJECT: **Signature of Chancellor – Delegation of Authority**

The Board of Trustees Statutes, Article II, Section 3, authorizes delegation of certain administrative responsibilities 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, Director of Military Programs  
for Fernando M. Treviño, Chancellor  
Southern Illinois University Carbondale

This authorization and delegation shall remain in effect throughout your continuing service as Director of Military Programs unless earlier revoked or modified in writing.

FMT:slf

c: Dr. Glenn Poshard, President  
Deborah Nelson, Associate General Counsel

Approval:

Deborah J. Nelson, Associate General Counsel

ATTACHMENT #

40012203  
F05000001874