2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# F05000001874

Entity Name: SOUTHERN ILLINOIS UNIVERSITY

Current Principal Place of Business:

MAILCODE 6828,NW ANNEX,WING B ROOM 203
CARBONDALE, IL 629016828

New Principal Place of Business:

860 LINCOLN DRIVE
MAILCODE 6828,NW ANNEX,WING B ROOM 203
CARBONDALE, IL 629016828 US

Current Mailing Address:

MAILCODE 6828,NW ANNEX,WING B ROOM 203
CARBONDALE, IL 629016828

New Mailing Address:

860 LINCOLN DRIVE
MAILCODE 6828,NW ANNEX,WING B ROOM 203
CARBONDALE, IL 629016828 US

FEI Number: 37-6005961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARRICK, MARY S
NAVY CAMPUS,BUILDING 110 2ND FL RM 15
NAS JACKSONVILLE, FL 322125000 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TRUS	( ) Delete
Name:	GOLDMAN, SAMUEL	
Address:	2919 B W SUNSET DR	
City-St-Zip:	CARBONDALE, IL 62901	
Title:	VI C	( ) Delete
Name:	HIGHTOWER, ED	
Address:	708 ST. LOUIS STREET	
City-St-Zip:	EDWARDSVILLE, IL 62025	
Title:	TRUS	( ) Delete
Name:	WIGGINTON, STEPHEN	
Address:	3201 W. MAIN ST	
City-St-Zip:	BELLEVILLE, IL 62226	
Title:	TRUS	( ) Delete
Name:	SIMMONS, JOHN	
Address:	707 BERKSHIRE	
City-St-Zip:	EAST ALTON, IL 62024	
Title:	C	( ) Delete
Name:	TEDRICK, ROGER	
Address:	1129 BROADWAY	
City-St-Zip:	MOUNT VERNON, IL 62864	
Title:	TRUS	( ) Delete
Name:	SANDERS, KEITH	
Address:	10904 BREEZY LAWN ROAD	
City-St-Zip:	SPRING GROVE, IL 60081	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TRUS	(X) Change ( ) Addition
Name:	WILEY, MARQUITA TRUSTEE	
Address:	13 TOWNE HALL ESTATES LANE	
City-St-Zip:	BELLEVILLE, IL 62223	
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 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: THOMAS H. BEEBE DIR 01/06/2009
Electronic Signature of Signing Officer or Director — Date