2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001874

Entity Name: SOUTHERN ILLINOIS UNIVERSITY

FILED Jan 04, 2012 Secretary of State

Current Principal Place of Business:

860 LINCOLN DRIVE

MAILCODE 6828,NW ANNEX,WING B ROOM 203

CARBONDALE, IL 629016828 US

Current Mailing Address:

860 LINCOLN DRIVE MAILCODE 6828, NW ANNEX, WING B, RM 203

CARBONDALE, IL 629016828 US

FEI Number: 37-6005961

FEI Number Applied For ()

New Mailing Address:

860 LINCOLN DRIVE

860 LINCOLN DRIVE MAILCODE 6828, NW ANNEX, WING B, RM 204

MAILCODE 6828,NW ANNEX,WING B RM 204

CARBONDALE, IL 629016828 US

New Principal Place of Business:

CARBONDALE, IL 629016828 US

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARRICK, MARY S NAVY CAMPUS, BUILDING 110 2ND FL RM 15 NAS JACKSONVILLE, FL 322125000 US

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: S

Name: WILEY, MARQUITA TRUSTEE
Address: 13 TOWNE HALL ESTATES LANE

City-St-Zip: BELLEVILLE, IL 62223

Title: VC

 Name:
 HIGHTOWER, ED

 Address:
 708 ST. LOUIS STREET

 City-St-Zip:
 EDWARDSVILLE, IL 62025

Title: C

Name: HERRIN, ROGER
Address: 607 S. COMMERCIAL.
City-St-Zip: HARRISBURG, IL 62946

Title: TRUS

Name: SIMMONS, JOHN
Address: ONE COURT STREET
City-St-Zip: ALTON, IL 62002

Title: TRUS

Name: LOWERY, DONALD

Address: SIU BOARD OF TRUSTEES, MAILCODE 6801

City-St-Zip: CARBONDALE, IL 62901

Title: TRUS

Name: MANERING, DONNA Address: 222 PINEVIEW DRIVE City-St-Zip: MAKANDA, IL 62958

I hereby 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 all other like empowered.

SIGNATURE: THOMAS H. BEEBE DIR. 01/04/2012