


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000002952</b> 1. Entity Name XAVIER UNIVERSITY, INC.	
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Principal Place of Business 3800 VICTORY PARKWAY CINCINNATI, OH 45207	Mailing Address 3800 VICTORY PARKWAY CINCINNATI, OH 45207
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**DO NOT WRITE IN THIS SPACE**

08112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-0537516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  D'OCONNOR, WILLIAM J 8955 FONTANA DEL SOL WAY NAPLES, FL 34109	<b>DO NOT WRITE IN THIS SPACE</b>
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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 William J. O'Connor DATE 8/14/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PICHELER, JOSEPH A 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOHLHEPP, ROBERT J 6800 CINTAS BLDV. CINCINNATI, OH 45262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODY, THOMAS A 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYE, WALTER C SJ 600 W. NORTH BEND RD CINCINNATI, OH 45224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, MICHAEL J SJ 3800 VICTORY PARKWAY CINCINNATI, OH 45207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASSA, GARY R 3800 VICTORY PARKWAY CINCINNATI, OH 45207

U00000575406  
08/28/06-80005-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: [Signature] DATE: 8/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR