2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

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Entity Name: LUTHERAN COMMUNITY FOUNDATION CORPORATION

Current Principal Place of Business:

625 4TH AVENUE SOUTH, SUITE 1500
MINNEAPOLIS, MN 55415

New Principal Place of Business:

Current Mailing Address:

625 4TH AVENUE SOUTH, SUITE 1500
MINNEAPOLIS, MN 55415

New Mailing Address:

FEI Number: 41-1802412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: VC
Name: SABATELLI, JOHN
Address: 701 SOUTH CHARLES STREET
City-St-Zip: BALTIMORE, MD 21230

Title: C
Name: BRAATEN, JENNIFER
Address: FERRUM COLLEGE 215 FERRUM MT. ROAD
City-St-Zip: FERRUM, VA 24088

Title: SVP
Name: GRASMOEN, CHERYL
Address: 625 FOURTH AVE S. SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

Title: P
Name: ANDERSEN, CHRIS
Address: 625 4TH AVENUE SOUTH, SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

Title: VP
Name: PETERSON, TOM
Address: 625 4TH AVENUE S. SUITE1500
City-St-Zip: MINNEAPOLIS, MN 55415

Title: VP
Name: HAYES, SUSAN
Address: 625 4TH AVENUE SOUTH, SUITE 1500
City-St-Zip: MINNEAPOLIS, MN 55415

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: TOM PETERSON VP 01/03/2011

Electronic Signature of Signing Officer or Director — Date