

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

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90001 005 ****61.25

DOCUMENT # F05000005097

1. Entity Name
**THE REGENTS OF THE UNIVERSITY OF MICHIGAN
CORP.**



Principal Place of Business
**3003 S. STATE STREET, STE 9000
ANN ARBOR, MI 48109-1288**

Mailing Address
**3003 S. STATE STREET, STE 9000
ANN ARBOR, MI 48109-1288**

20051277



07212006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-6006309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOTT, PATRICIA D
MILLER CANFIELD PADDQCK & STONE
25 W CEDAR STREET, SUITE 500
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON, DAVID A P.O. BOX 997 ANN ARBOR, MI 481060997 <i>(SEE Attached)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEITCH, LAURENCE B 100 RENAISSANCE CENTER, 34TH FLOOR DETROIT, MI 48243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, OLIVIA P 432 N SAGINAW STREET FLINT, MI 48502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOWAN, REBECCA 2210 MELROSE AVENUE ANN ARBOR, MI 48104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, ANDREA FISCHER 2601 WORLDGATEWAY PLACE DETROIT, MI 48242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHNER, ANDREW C 500 WOODWARD AVENUE, SUITE 3500 DETROIT, MI 482263435

**DO NOT WRITE
IN THIS SPACE**

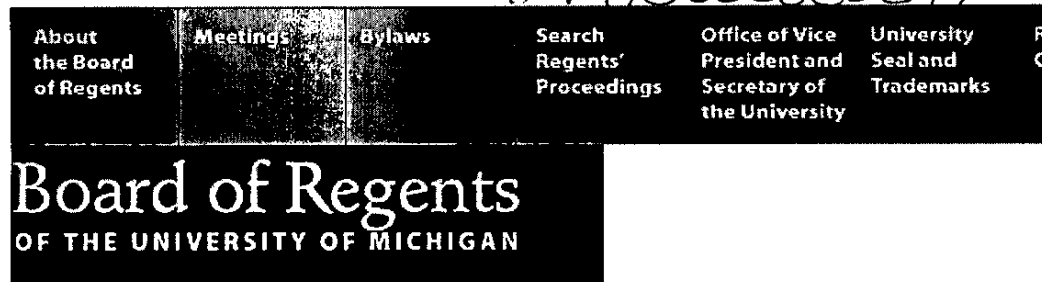
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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: *Jerry A. May*
Jerry A. May
Vice President for Development **7/26/06** **(734) 647-6095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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