

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005097

FILED
Jul 15, 2008
Secretary of State

Entity Name: THE REGENTS OF THE UNIVERSITY OF MICHIGAN CORP.

Current Principal Place of Business:

3003 S. STATE STREET, STE 9000
ANN ARBOR, MI 481091288

New Principal Place of Business:

Current Mailing Address:

3003 S. STATE STREET, STE 9000
ANN ARBOR, MI 481091288

New Mailing Address:

FEI Number: 38-6006309 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOTT, PATRICIA D
MILLER CANFIELD PADDOCK & STONE
25 W CEDAR STREET, SUITE 500
PENSACOLA, FL 32502 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: D () Delete
Name: DARLOW, JULIA D
Address: P.O. BOX 130047
City-St-Zip: ANN ARBOR, MI 48113

Title: D () Delete
Name: DEITCH, LAURENCE B
Address: 1901 ST ANTOINE ST/6TH FL FORD FIELD
City-St-Zip: DETROIT, MI 48226

Title: D () Delete
Name: MAYNARD, OLIVIA P
Address: 432 N SAGINAW STREET
City-St-Zip: FLINT, MI 48502

Title: D () Delete
Name: MCGOWAN, REBECCA
Address: 2210 MELROSE AVENUE
City-St-Zip: ANN ARBOR, MI 48104

Title: D () Delete
Name: NEWMAN, ANDREA FISCHER
Address: 2601 WORLDGATEWAY PLACE
City-St-Zip: DETROIT, MI 48242

Title: D () Delete
Name: RICHNER, ANDREW C
Address: 500 WOODWARD AVENUE, SUITE 3500
City-St-Zip: DETROIT, MI 482263435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JERRY A. MAY, V. P. FOR DEVELOPMENT

VP

07/15/2008

Electronic Signature of Signing Officer or Director

Date