
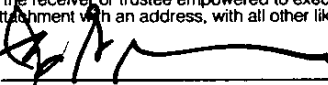


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90024 027 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # F05000006753</b>  |  |  |  |  |  |
| <b>1. Entity Name</b><br>SETON HALL UNIVERSITY, INCORPORATED  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>400 SOUTH ORANGE AVENUE<br>SOUTH ORANGE, NJ 07079   |  |  | <b>Mailing Address</b><br>457 CENTRE ST.<br>SOUTH ORANGE, NJ 07079 |   |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country                                      | Zip  | Country  | <b>4. FEI Number</b><br>22-1500645  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                 |   |  |
| CAPITAL CONNECTION, INC.<br>417 E. VIRGINIA ST.<br>STE. 1<br>TALLAHASSEE, FL 32301-1283   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
|   |  |  | State <b>FL</b> Zip Code   |   |  |
| <b>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.</b>  |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |  | <b>Make check payable to Florida Department of State</b>                                   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |  |
| TITLE   | P <input type="checkbox"/> Delete            |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | MYERS, JOHN J                                |  | NAME   |   |  |
| STREET ADDRESS  | 171 CLIFTON AVENUE                           |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | NEWARK, NJ 071049500                         |  | CITY-ST-ZIP  |   |  |
| TITLE   | P <input type="checkbox"/> Delete            |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | ROBERT SHEERAN, MONSIGNOR                    |  | NAME   |   |  |
| STREET ADDRESS  | 400 SOUTH ORANGE AVENUE                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | SOUTH ORANGE, NJ 07079                       |  | CITY-ST-ZIP  |   |  |
| TITLE   | C <input type="checkbox"/> Delete            |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | BOROWSKY, KURT T                             |  | NAME   |   |  |
| STREET ADDRESS  | P.O. BOX 1975                                |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | MORRISTOWN, NJ 07962                         |  | CITY-ST-ZIP  |   |  |
| TITLE   | C <input type="checkbox"/> Delete            |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | SHARKEY, THOMAS J                            |  | NAME   |   |  |
| STREET ADDRESS  | 14 COMMERCE DRIVE                            |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | CRANFORD, NJ 07016                           |  | CITY-ST-ZIP  |   |  |
| TITLE   | S <input type="checkbox"/> Delete            |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | BALDINI, ROBERT E                            |  | NAME   |   |  |
| STREET ADDRESS  | 5 OLDE GREENHOUSE LANE                       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | MADISON, NJ 07940                            |  | CITY-ST-ZIP  |   |  |
| TITLE   | P <input checked="" type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME  | ABRUZZESE, JOSEPH D                          |  | NAME   | VP  |  |
| STREET ADDRESS  | 641 LEXINGTON AVE, 8TH FLOOR                 |  | STREET ADDRESS   | Sandman, Joseph, G  |  |
| CITY-ST-ZIP   | NEW YORK, NY 10022                           |  | CITY-ST-ZIP  | 135 Woods End Road  |  |
|   |  |  | Basking Ridge, NJ 07920  |   |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b>    |  |  | August 31, 2006 (973) 378-9801                                     |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #   |   |  |
| Joseph G. Sandman, Vice President   |  |  |  |   |  |