

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001735

FILED
May 05, 2009
Secretary of State

Entity Name: DREW UNIVERSITY INCORPORATED

Current Principal Place of Business:

36 MADISON AVENUE
MADISON, NJ 07940

New Principal Place of Business:

Current Mailing Address:

36 MADISON AVENUE
MADISON, NJ 07940

New Mailing Address:

FEI Number: 22-1487164 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MARIE LONG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CTRU () Delete
Name: CASPERSEN, BARBARA MORRIS
Address: 36 MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

Title: VTRU () Delete
Name: FREEMAN, WILLIAM M
Address: 36 MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

Title: P () Delete
Name: WEISBUCH, ROBERT
Address: MEAD HALL 36 MADISON AVE
City-St-Zip: MADISON, NJ 07940

Title: VP () Delete
Name: MCKITISH, MICHAEL B
Address: 36 MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

Title: STRU () Delete
Name: D'ANDRADE, HUGH
Address: 36 MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CTRU (X) Change () Addition
Name: CRAWFORD, JOHN H III
Address: 36 MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BUXBAUM, HOWARD
Address: 36 MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

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: KEVIN P. BOYLE

Electronic Signature of Signing Officer or Director

DIRE

05/05/2009

Date