2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# F06000002682

Entity Name: GRACELAND UNIVERSITY INCORPORATED

Current Principal Place of Business:

1 UNIVERSITY PLACE
OFFICE OF BUSINESS SERVICES
LAMONI, IA 50140

New Principal Place of Business:

Current Mailing Address:

1 UNIVERSITY PLACE
OFFICE OF BUSINESS SERVICES
LAMONI, IA 50140

New Mailing Address:

FEI Number: 42-0707114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SELLARS, JOHN D
Address: 1 UNIVERSITY PLACE
City-St-Zip: LAMONI, IA 50140

Title: V ( ) Delete
Name: TIFFANY, JANICE K
Address: 322 S. MAPLE ST
City-St-Zip: LAMONI, IA 50140

Title: S ( ) Delete
Name: CHERYL, HANSEN
Address: 11047 RAMBLING OAKS DRIVE
City-St-Zip: ST. LOUIS, MO 63128

Title: C ( ) Delete
Name: KENNETH, MCCLAIN
Address: 221 WEST LEXINGTON
City-St-Zip: INDEPENDENCE, OR 64055

Title: V ( ) Delete
Name: NEWCOM, JAY
Address: 10857 LEGACY RIDGE WAY
City-St-Zip: WESTMINISTER, CO 80031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SELLARS, JOHN D
Address: 1 FOUNDERS DRIVE
City-St-Zip: LAMONI, IA 50140

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE TIFFANY VP 03/26/2009

Electronic Signature of Signing Officer or Director — Date