2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000491

1. Entity Name
THE LUTHERAN UNIVERSITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383	1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383

DO NOT WRITE IN THIS SPACE

01022008 No Chg-NP CR2E037 (4/06)

4. FEI Number
35-0868125

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HESSLER, DAVID
STREET ADDRESS	1700 CHAPEL DR KRETZMANN HALL
CITY-ST-ZIP	VALPARAISO, IN 46383
TITLE	VC
NAME	ASHLINE, CONNIE B
STREET ADDRESS	1700 CHAPEL DR KRETZMANN HALL
CITY-ST-ZIP	VALPARAISO, IN 46383
TITLE	S
NAME	CLAUSSEN, HOWARD
STREET ADDRESS	1700 CHAPEL DR KRETZMANN HALL
CITY-ST-ZIP	VALPARAISO, IN 46383
TITLE	T
NAME	KRAEGEL, FREDERICK
STREET ADDRESS	1700 CHAPEL DR KRETZMANN HALL
CITY-ST-ZIP	VALPARAISO, IN 46383
TITLE	D
NAME	BEUMER, RICHARD E
STREET ADDRESS	1700 CHAPEL DR KRETZMANN HALL
CITY-ST-ZIP	VALPARAISO, IN 46383
TITLE	D
NAME	BOGGS, N CORNELL III
STREET ADDRESS	1700 CHAPEL DR KRETZMANN HALL
CITY-ST-ZIP	VALPARAISO, IN 46383

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02/14/08-80060-001 70.00

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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: Howard Clauss 1.25.08 219.464.5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #