

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001057

FILED
Jul 09, 2009
Secretary of State

Entity Name: MINNESOTA STATE UNIVERSITY MANKATO FOUNDATION INCORPORATED

Current Principal Place of Business:

121 ALUMNI FOUNDATION CENTER
MANKATO, MN 56001

New Principal Place of Business:

Current Mailing Address:

121 ALUMNI FOUNDATION CENTER
MANKATO, MN 56001

New Mailing Address:

FEI Number: 41-6033423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SCHMITZ, RICHARD R
10561 GLEN LAKES DRIVE
BONITA SPRINGS, FL 34135 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMITZ, RICHARD R
Address: 10561 GLEN LAKES DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: PAULSEN, TAMI
Address: 209 SOUTH SECOND STREET SUITE 201
City-St-Zip: MANKATO, MN 56001

Title: VD () Delete
Name: CONNORS, JAMES
Address: 123 HAWAIIAN DRIVE
City-St-Zip: MANKATO, MN 56001

Title: T () Delete
Name: ZELLMER, RANDY
Address: 342 NICOURT AVE
City-St-Zip: MANKATO, MN 560033834

Title: S (X) Delete
Name: GUSTAFSON, MAUREEN
Address: 1675 COUNTRYSIDE DR
City-St-Zip: MANKATO, MN 560031231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONNORS, JAMES
Address: 123 HAWAIIAN DRIVE
City-St-Zip: MANKATO, MN 56001

Title: V (X) Change () Addition
Name: ZELLMER, RANDY
Address: 3 CIVIC CENTER PLAZA, SUITE 400
City-St-Zip: MANKATO, MN 56002

Title: T (X) Change () Addition
Name: MANS, ADAM
Address: 60 SOUTH SIXTH ST, SUITE 3700
City-St-Zip: MINNEAPOLIS, MN 56402

Title: S (X) Change () Addition
Name: GUSTAFSON, MAUREEN
Address: 1675 COUNTRYSIDE DR
City-St-Zip: NORTH MANKATO, MN 56003

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: JAMES CONNORS

P

07/09/2009

Electronic Signature of Signing Officer or Director

Date