

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003526

FILED  
Jun 22, 2010  
Secretary of State

**Entity Name:** NATIONAL UNIVERSITY CORPORATION

**Current Principal Place of Business:**

11355 NORTH TORREY PINES ROAD  
LA JOLLA, CA 92037

**New Principal Place of Business:**

**Current Mailing Address:**

11355 NORTH TORREY PINES ROAD  
LA JOLLA, CA 92037

**New Mailing Address:**

FEI Number: 23-7172306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CHRM  
Name: CONNELLY, JEANNE  
Address: 11355 NORTH TORREY PINES ROAD  
City-St-Zip: LA JOLLA, CA 92037

Title: P  
Name: POTTER, PATRICIA  
Address: 11355 NORTH TORREY PINES ROAD  
City-St-Zip: LA JOLLA, CA 92037

Title: VST  
Name: CARTER, RICHARD E  
Address: 11355 NORTH TORREY PINES ROAD  
City-St-Zip: LA JOLLA, CA 92037

Title: VCHR  
Name: MEISTRICH, HERBERT  
Address: 11355 NORTH TORREY PINES ROAD  
City-St-Zip: LA JOLLA, CA 92037

Title: D  
Name: BUCHER, JOHN  
Address: 11355 NORTH TORREY PINES ROAD  
City-St-Zip: LA JOLLA, CA 92037

I hereby 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 all other like empowered.

SIGNATURE: RICHARD E. CARTER

VST

06/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date