

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003625

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** DUKE UNIVERSITY

**Current Principal Place of Business:**

OFFICE OF COUNSEL  
310 BLACKWELL STREET, 4TH FLOOR  
DURHAM, NC 27710

**New Principal Place of Business:**

**Current Mailing Address:**

OFFICE OF COUNSEL  
BOX 104124  
DURHAM, NC 27710

**New Mailing Address:**

**FEI Number:** 56-0532129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, JIM  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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  
Name: BRODHEAD, RICHARD DR  
Address: BOX 90001  
City-St-Zip: DURHAM, NC 277080001

Title: EV  
Name: TRASK, TALLMAN DR, III  
Address: BOX 90027  
City-St-Zip: DURHAM, NC 277080027

Title: V  
Name: BERNARD, PAMELA  
Address: BOX 104124  
City-St-Zip: DURHAM, NC 27710

Title: PROV  
Name: LANGE, PETER  
Address: BOX 90005  
City-St-Zip: DURHAM, NC 277010005

Title: VS  
Name: RIDDELL, RICHARD DR  
Address: BOX 90030  
City-St-Zip: DURHAM, NC 277080001

Title: CHAN  
Name: DZAU, VICTOR J MD  
Address: BOX 3701 MEDICAL CENTER  
City-St-Zip: DURHAM, NC 27710

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: TALLMAN TRASK

EVP

04/28/2011

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

\_\_\_\_\_  
Date