

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004274

FILED
Jan 09, 2012
Secretary of State

Entity Name: WISCONSIN LUTHERAN COLLEGE, INC.

Current Principal Place of Business:

8800 W. BLUEMOUND RD.
MILWAUKEE, WI 53226

New Principal Place of Business:

Current Mailing Address:

8800 W. BLUEMOUND RD.
MILWAUKEE, WI 53226

New Mailing Address:

FEI Number: 23-7179639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, RONALD E PH.D
C/O FOSTER ASSOCIATES INC.
17595 S. TAMiami TRAIL, SUITE 212
FORT MYERS, FL 33908 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: C
Name: FISCHER, JAMES A
Address: S52W23022 HUNTERS HOLLOW
City-St-Zip: WAUKESHA, WI 53189

Title: VC
Name: TREFFERT, WILLIAM
Address: W283 N3820 YORKSHIRE TRACE
City-St-Zip: PEWAUKEE, WI 53072

Title: TD
Name: RAASCH, WILLIAM
Address: 8230 ROCKWAY PLACE
City-St-Zip: WAUWATOSA, WI 53213

Title: SD
Name: FISHER, KENNETH
Address: 10219 W. WABASH AVENUE
City-St-Zip: MILWAUKEE, WI 53224

Title: P
Name: JOHNSON, DANIEL W
Address: N99 W14488 AMBER DR
City-St-Zip: GERMANTOWN, WI 53022

Title: V
Name: SCHMID, GARY A
Address: 2083 S 104TH ST
City-St-Zip: MILWAUKEE, WI 53227

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: GARY A SCHMID

V

01/09/2012

Electronic Signature of Signing Officer or Director

Date