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DIVISION OF CORPORATIONS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: University of Saint Mary, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Veronica Donovan

Name of Person

University of Saint Mary

Firm/Company

4100 South 4th Street

Address

Leavenworth, KS 66048

City/State and Zip Code

veronica.donovan@stmary.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Guenther

Name of Person

at (913) 758-4372

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. University of Saint Mary, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Kansas

(State or country under the law of which it is incorporated)

3. 48-0547846

(FEI number, if applicable)

4. 6-10-93

(Date of Incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. -

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4100 South 4th St., Leavenworth, KS 66048

(Principal office address)

4100 South 4th St., Leavenworth, KS 66048

(Current mailing address)

8. To maintain an institution of higher learning in Leavenworth, KS or elsewhere.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470

(Zip Code)

14 MAR 25 PM 1:23

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Natalie Bales on behalf of Incorp Services, Inc.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: See attached list.

Address: 4100 South 4th Street, Leavenworth, KS 66048

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list.

Address: 4100 South 4th Street, Leavenworth, KS 66048

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brenda M. Guenther
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brenda M. Guenther, VP - FINANCE/ADMIN
(Typed or printed name and capacity of person signing application)



Directors:

John Baker
Sr. Nancy Bauman
Kenneth Blum
Joseph Contrucci
Rolland Dessert
Stanley Evans
Kathleen Fogarty
Ken Gilpin
Lynda Grimm
Sr. Maureen Hall
George Haymach
Richard Keller
John Kornitzer
Susanna Laundry
Ken Mellard
Sandra Mortensen
John Murphy
Cathy Newton
Sr. Jean Panisko
Michelle Piranio
John Starr
William Trenkle
Fredrick Tromans

Trustee Emeritus

Charles Berkel
Ken Karr
Mary Alice Bramming

Officers:

Diane Steele, SCL, Ph.D., President
Bryan LeBeau, Provost
Brenda Guenther, VP Finance/Administrative Services
Wendi Santee, VP of Student Life
Karolyn Dreiling, VP of Development
John Shultz, Associate VP of Admissions/Marketing

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2075182

Entity Name: UNIVERSITY OF SAINT MARY, INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

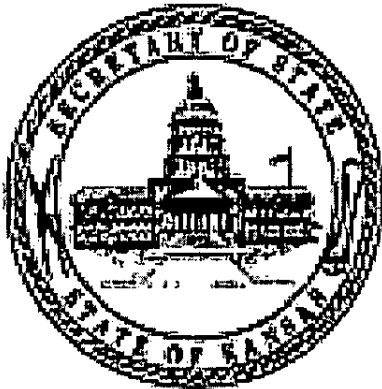
State of Organization: KS

Resident Agent: SISTER MARY KATHLEEN STEFANI

Registered Office: 4200 S 4TH, LEAVENWORTH, KS 66048

was filed in this office on June 10, 1993, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 19, 2014

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 602418 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.