

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90077 009 \*\*\*150.00

**DOCUMENT # F95000005169**

1. Entity Name  
**THE UNIVERSITY OF PHOENIX, INC.**



40062000

Principal Place of Business  
**4615 E. ELWOOD STREET  
PHOENIX, AZ 85040**

Mailing Address  
**4615 E ELWOOD ST.  
AA-B306  
PHOENIX, AZ 85040**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number  
**94-2473210**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME NOONE, LAURA PALMER DR  
STREET ADDRESS 4615 E. ELWOOD STREET  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE S ☐ Delete  
NAME MUELLER, BRIAN  
STREET ADDRESS 4615 E. ELWOOD STREET  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE T ☒ Delete  
NAME GONZALES, KENDA  
STREET ADDRESS 4615 E. ELWOOD STREET  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE D ☐ Delete  
NAME SPERLING, JOHN  
STREET ADDRESS 4615 E. ELWOOD ST  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE D ☐ Delete  
NAME FRENCH, DR. MARY JO  
STREET ADDRESS 4615 E. ELWOOD ST  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE D ☐ Delete  
NAME BOND, RICHARD  
STREET ADDRESS 4615 E. ELWOOD ST  
CITY-ST-ZIP PHOENIX, AZ 85040

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME WILLIAM PEPICELLO  
STREET ADDRESS 4615 E. ELWOOD ST.  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition  
NAME PETER SPERLING  
STREET ADDRESS 4615 E. ELWOOD ST.  
CITY-ST-ZIP PHOENIX, AZ 85040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Brian Mueller*

**BRIAN MUELLER April 5, 2007 480-966-5394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #