

F95000006079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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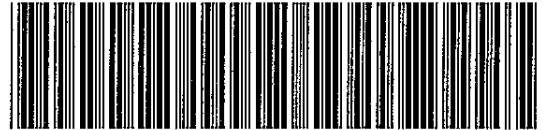
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Indiana University Foundation
(Name of corporation)

DOCUMENT NUMBER: F95000006079

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philippa M. Guthrie, General Counsel
(Name of contact person)

Indiana University Foundation
(Firm/Company)

P.O. Box 500
(Address)

Bloomington, IN 47402
(City/state and zip code)

For further information concerning this matter, please call:

Philippa M. Guthrie at (812) 855-7360
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Indiana University Foundation Incorporated
2. The principal office address: Showalter House, State Hwy 46 Bypass, Bloomington,
Indiana 47408
3. The mailing address (if different): P.O. Box 500, Bloomington, Indiana 47402
4. Date of incorporation/qualification: 12-13-95 Document number: F95000006079
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Jeffrey W. Konzak

Waldon University, 801 Anchor Rode Drive

Naples, FL 33940

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas C. Schreck

Devcon, Inc., 9050 Las Maderas Drive, #202

(P.O. Box NOT acceptable)

Bonita Springs, FL 34135

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

James P. Perin

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314