


FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90035 005 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000003986					
1. Entity Name SCHOLARSHIP AMERICA, INC.					
Principal Place of Business 1505 RIVERVIEW ROAD SAINT PETER, MN 56082			Mailing Address 1505 RIVERVIEW ROAD SAINT PETER, MN 56082		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-2296967	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGRATH, PHYLLIS		NAME		
STREET ADDRESS	2 AUSTIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE, NJ 07920		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSEN, WILLIAM C DR		NAME		
STREET ADDRESS	1505 RIVERVIEW RD		STREET ADDRESS		
CITY-ST-ZIP	ST PETER, MN 56082		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHONEY, LINDA		NAME		
STREET ADDRESS	7703 NORMANDALE RD 110		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55435		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOGEL, FRED P		NAME		
STREET ADDRESS	1505 RIVERVIEW RD		STREET ADDRESS		
CITY-ST-ZIP	ST PETER, MN 56082		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKHRU, ASHOK		NAME		
STREET ADDRESS	1505 RIVERVIEW RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETER, MN 56082		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINBERGER, SUSAN		NAME		
STREET ADDRESS	1505 RIVERVIEW RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETER, MN 56082		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>Fred Vogel</i>			Date: 2-18-04		Daytime Phone #: 507-931-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #