

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003986

FILED
Jan 15, 2008
Secretary of State

Entity Name: SCHOLARSHIP AMERICA, INC.

Current Principal Place of Business:

ONE SCHOLARSHIP WAY
SAINT PETER, MN 56082

New Principal Place of Business:

Current Mailing Address:

ONE SCHOLARSHIP WAY
SAINT PETER, MN 56082

New Mailing Address:

FEI Number: 04-2296967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTGEN, CAROL
904 WALKER LOOP
LADY LAKE, FL 321627489 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: P () Delete
Name: STANLEY, CLIFFORD
Address: ONE SCHOLARSHIP WAY
City-St-Zip: SAINT JAMES, MN 56081

Title: VP () Delete
Name: LASSERE, DONALD E
Address: ONE SCHOLARSHIP WAY
City-St-Zip: ST PETER, MN 56082

Title: ACFO () Delete
Name: CHENEY, ANNE ACFO
Address: ONE SCHOLARSHIP WAY
City-St-Zip: ST PETER, MN 56082

Title: D () Delete
Name: BILLINGS, SHIRLI
Address: 11 KESWICK COMMONS
City-St-Zip: NEW ALBANY, OH 43054

Title: T () Delete
Name: MCGRATH, PHYLLIS
Address: 140 WESTPORT TURNPIKE
City-St-Zip: FAIRFIELD, CT 06430

Title: D () Delete
Name: SCHWAB, RICHARD
Address: ONE SCHOLARSHIP WAY
City-St-Zip: SAINT PETER, MN 56082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNE CHENEY

ACFO

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date