

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003986

FILED  
Jan 11, 2010  
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  
Name: SCHRECK, MURIEL  
Address: ONE SCHOLARSHIP WAY  
City-St-Zip: SAINT JAMES, MN 56081

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

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

Title: D  
Name: SCHWAB, RICHARD  
Address: ONE SCHOLARSHIP WAY  
City-St-Zip: ST. PETER, MN 56082

Title: T  
Name: SHAH, SEEMA  
Address: ONE SCHOLARSHIP WAY  
City-St-Zip: ST. PETER, MN 56082

Title: S  
Name: BOWERS, TREASA  
Address: ONE SCHOLARSHIP WAY  
City-St-Zip: SAINT PETER, MN 56082

I hereby 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 all other like empowered.

SIGNATURE: ANNE CHENEY

ACFO

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date