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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006020

1. Corporation Name

NORTHWESTERN COLLEGE CORPORATION

Principal Place of Business

**3003 SNELLING AVE. N.
ST. PAUL MN 55113**

Mailing Address

**3003 SNELLING AVENUE NORTH
ATTN: PHIL LACHER, CONTROLLER
ST. PAUL MN 55113**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/18/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		41-0711610	
Country		Country		Applied For	
24		25		27 Not Applicable	
29		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WILLIS, DR WESLEY	1.2 NAME	Willis, Dr Wesley
STREET ADDRESS	300 SNELLING AVE N	1.3 STREET ADDRESS	3003 Snelling Ave N
CITY-ST-ZIP	ST PAUL MN 55113	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	C
NAME	ERICKSON, DAVID DR	2.2 NAME	Humphries, Cary H
STREET ADDRESS	3003 SNELLING AVE N	2.3 STREET ADDRESS	4512 Moorland Ave.
CITY-ST-ZIP	ST-PAUL-MN 55113	2.4 CITY-ST-ZIP	Edina MN 55424
TITLE	ST	3.1 TITLE	
NAME	SENTMAN, PAUL	3.2 NAME	
STREET ADDRESS	3003 SNELLING AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55113	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BUYSE, JOHN L	4.2 NAME	
STREET ADDRESS	1133 FREMONT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANOKA MN 55303-1941	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRANDT, LLOYD	5.2 NAME	
STREET ADDRESS	3003 SNELLING AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55113	5.4 CITY-ST-ZIP	
TITLE	VC	6.1 TITLE	
NAME	HUMPHRIES, CARY H	6.2 NAME	
STREET ADDRESS	4512 MOORLAND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-25-99

651-631-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)