

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006020

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0711610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME WILLIS, DR WESLEY
STREET ADDRESS 3003 SNELLING AVE N
CITY-ST-ZIP ST PAUL MN 55113

TITLE President ☐ Change ☒ Addition
NAME Dr. David Enickson
STREET ADDRESS 3003 Snelling Ave. N.
CITY-ST-ZIP St. Paul, MN 55113

TITLE C ☐ Delete
NAME HUMPHRIES, GARY H
STREET ADDRESS 4512 MOORLAND AVE
CITY-ST-ZIP EDINA MN 55424

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SENTMAN, PAUL
STREET ADDRESS 3003 SNELLING AVE N
CITY-ST-ZIP ST PAUL MN 55113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BUYSE, JOHN L
STREET ADDRESS 1133 FREMONT STREET
CITY-ST-ZIP ANOKA MN 55303-1941

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRANDT, LLOYD
STREET ADDRESS 3003 SNELLING AVE N
CITY-ST-ZIP ST PAUL MN 55113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☒ Delete
NAME HUMPHRIES, GARY H
STREET ADDRESS 4512 MOORLAND AVE.
CITY-ST-ZIP EDINA MN

TITLE Vice Chair of Trustee Board ☐ Change ☒ Addition
NAME Austin Chapman
STREET ADDRESS 3003 Snelling Avenue N.
CITY-ST-ZIP St. Paul, MN 55113

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:

SIGNATURE REQUIRED

4/27/01 651-681-5700

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)