

2002 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.

Attn: Douglas Schroeder, VP, CFO

City & State

City & State

4. FEI Number

41-0711610

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, DR. DAVID	
STREET ADDRESS	3003 SNELLING AVE N	
CITY-ST-ZIP	ST PAUL MN 55113	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Alan Cureton	
STREET ADDRESS	3003 Snelling Ave. N.	
CITY-ST-ZIP	St. Paul, MN 55113	

TITLE	C	<input type="checkbox"/> Delete
NAME	HUMPHRIES, GARY H	
STREET ADDRESS	4512 MOORLAND AVE	
CITY-ST-ZIP	EDINA MN 55424	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SENTMAN, PAUL	
STREET ADDRESS	3003 SNELLING AVE N	
CITY-ST-ZIP	ST PAUL MN 55113	

TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara Robertson	
STREET ADDRESS	3003 Snelling Ave. N.	
CITY-ST-ZIP	St. Paul, MN 55113	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUYSE, JOHN L	
STREET ADDRESS	1133 FREMONT STREET	
CITY-ST-ZIP	ANOKA MN 55303-1941	

TITLE	Vice President Finance, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Schroeder	
STREET ADDRESS	3003 Snelling Ave. N.	
CITY-ST-ZIP	St. Paul, MN 55113	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, LLOYD	
STREET ADDRESS	3003 SNELLING AVE N	
CITY-ST-ZIP	ST PAUL MN 55113	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VCTB	<input type="checkbox"/> Delete
NAME	CHAPMAN, AUSTIN	
STREET ADDRESS	3003 SNELLING AVENUE N	
CITY-ST-ZIP	SAINT PAUL MN 55113	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Business & Finance, CFO**1-30-02**

Date

(651) 631-5100

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)