

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90042 031 ****61.25

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: DOUGLAS SCHROEDER, VP, CFO
ST. PAUL, MN 55113**

64001061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-NP

CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CURETON, ALAN DR**
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 **S** ☐ Delete
NAME **HOWSE, G. CRAIG**
STREET ADDRESS **3003 SNELLING AVE. N.**
CITY-ST-ZIP **SAINT PAUL, MN 55113**

TITLE **CFO** ☐ Delete
NAME **SCHROEDER, DOUGLAS**
STREET ADDRESS **3003 SNELLING AVE. N.**
CITY-ST-ZIP **SAINT PAUL, MN 55113**

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

TITLE **VCBT** ☒ Delete
NAME **SMYTH, RAYMOND DR**
STREET ADDRESS **3003 SNELLING AVENUE N**
CITY-ST-ZIP **SAINT PAUL, MN 55113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Humphries, Cary H.**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition
NAME **VCBT**
STREET ADDRESS **Marc Belton**
CITY-ST-ZIP **3003 Snelling Ave. N.
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04
Date

651-631-5100
Daytime Phone #