
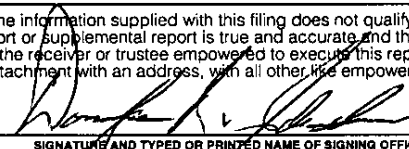


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90053 015 ****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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CURETON, ALAN DR 3003 SNELLING AVE N ST PAUL, MN 55113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HUMPHRIES, CARY H 4512 MOORLAND AVE EDINA, MN 55424 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOWSE, G. CRAIG 3003 SNELLING AVE. N. SAINT PAUL, MN 55113 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Sayre, Grover 3003 Snelling Ave. N. St. Paul, MN 55113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO SCHROEDER, DOUGLAS 3003 SNELLING AVE. N. SAINT PAUL, MN 55113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRANDT, LLOYD 3003 SNELLING AVE N ST PAUL, MN 55113 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C Smyth, Ray 3003 Snelling Ave. N. St. Paul, MN 55113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCBT BELTON, MARC 3003 SNELLING AVE. N. SAINT PAUL, MN 55113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Douglas R. Schroeder 2/2/05 651-631-5100 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

40010440



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
41-0711610 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

ATTACHMENT

Northwestern College Board of Trustees 2004-05 and President's Cabinet

40013445

#F96000006020

CORPORATE OFFICERS:

Ray Smyth, Chair of the Board
Marc Belton, Vice Chair of the Board
Grover Sayre, Secretary of the Board
Dr. Alan Cureton, President of the College
*Douglas Schroeder, CFO/Treasurer

BOARD OF TRUSTEES

Voting members:

Alice Balzer
Y. Marc Belton
L. John Buyse
Rev. Galen Call
Alan S. Cureton, President
Mary Edwards
Ronald R. Halverson
G. Craig Howse
Cary H. Humphries
David E. Kelby
Dr. George Kenworthy

Lauren D. Libby
Linda B. Linder
Arnold (Bud) Lindstrand
Blue Olson
Dr. Robert L. Pickering
Dr. Sara A. Robertson
Grover Sayre
Paul Sentman
B. Gary Shaffer
Dr. Raymond P. Smyth
Frank Vennes

Non-voting Members:

Randy Gamer, Alumni Council President

Trustees Emeritus:

Wallace E. Berg
Lloyd L. Brandt
Dr. Wesley H. Burnham
Arlow Carey
Vernon M. Eide

Dr. Donald O. Ericksen
Harris Hanson
Robert Hubbard
Jay Sudenga

President's Cabinet:

Dr. Hal Miller, Provost/Vice President for Academic Affairs
Dr. Paul Virts, Sr. Vice President for Media
Doug Schroeder, CFO/Vice President for Business
Amy Bragg Carey, Vice President for Advancement
Dr. David Erickson, Executive Assistant
Tim Rich, Human Resources Director

* "The Chief Financial Officer shall be the Treasurer of the organization, and an officer of the Corporation, but is not a member of the Board of Trustees....The Chief Financial Officer/Treasurer of the Corporation shall report to the President and shall have the custody of the monies and investments of the Corporation and shall have charge of the finances of the Corporation subject to the power and authority of the Board of Trustees." Northwestern College By-laws, Article IV, Officers, 1. Description, pages 6 and 7, Amended 9/12/02.