

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CURETON, ALAN DR
3003 SNELLING AVE N
ST PAUL, MN 55113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HUMPHRIES, CARY H
4512 MOORLAND AVE
EDINA, MN 55424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SAYRE, GROVER
3003 SNELLING AVE. N.
SAINT PAUL, MN 55113**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SMYTH, RAY
3003 SNELLING AVE N
ST PAUL, MN 55113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCBT
BELTON, MARC
3003 SNELLING AVE. N.
SAINT PAUL, MN 55113**

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01/31/07-80004-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #