


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 012 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 41-0711610	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
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, 2008	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
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10. OFFICERS AND DIRECTORS	
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	T HUMPHRIES, CARY H 4512 MOORLAND AVE EDINA, MN 55424 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAYRE, GROVER 3003 SNELLING AVE. N. SAINT PAUL, MN 55113 <input type="checkbox"/> Delete
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	C SMYTH, RAY 3003 SNELLING AVE N ST PAUL, MN 55113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCBT BELTON, MARC 3003 SNELLING AVE. N. SAINT PAUL, MN 55113 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alice Balzer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3003 Snelling Ave N, St. Paul MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT David Kelby <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3003 Snelling Ave N, St. Paul MN 55113
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 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: Douglas L. Schroeder 01/08 1/2/08 651-631-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #