

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006020

FILED
Jan 14, 2009
Secretary of State

Entity Name: NORTHWESTERN COLLEGE CORPORATION

Current Principal Place of Business:

3003 SNELLING AVE., N.
ST. PAUL, MN 55113

New Principal Place of Business:

Current Mailing Address:

3003 SNELLING AVENUE NORTH
ATTN: DOUGLAS SCHROEDER, VP, CFO
ST. PAUL, MN 55113

New Mailing Address:

FEI Number: 41-0711610 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURETON, ALAN DR
Address: 3003 SNELLING AVE N
City-St-Zip: ST PAUL, MN 55113

Title: S () Delete
Name: BALZER, ALICE
Address: 3003 SNELLING AVE N
City-St-Zip: SAINT PAUL, MN 55113

Title: C () Delete
Name: SAYRE, GROVER
Address: 3003 SNELLING AVE. N.
City-St-Zip: SAINT PAUL, MN 55113

Title: CFOT () Delete
Name: SCHROEDER, DOUGLAS
Address: 3003 SNELLING AVE. N.
City-St-Zip: SAINT PAUL, MN 55113

Title: BT () Delete
Name: KELBY, DAVID
Address: 3003 SNELLING AVE N
City-St-Zip: SAINT PAUL, MN 55113

Title: VCBT () Delete
Name: BELTON, MARC
Address: 3003 SNELLING AVE. N.
City-St-Zip: SAINT PAUL, MN 55113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCBT (X) Change () Addition
Name: ROBERTSON, SARAH
Address: 3003 SNELLING AVE. N.
City-St-Zip: SAINT PAUL, MN 55113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS R SCHROEDER

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date