

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90652 003 ****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: PHIL LACHER, CONTROLLER
ST. PAUL MN 55113**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Douglas Schroeder, VP, CFO

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-0711610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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 **HUMPRIES, GARY H**
STREET ADDRESS **4512 MOORLAND AVE**
CITY-ST-ZIP **EDINA MN 55424**

TITLE **ST** ☒ Delete
NAME **ROBERTSON, SARA**
STREET ADDRESS **3003 SNELLING AVE N**
CITY-ST-ZIP **ST 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 **VCTB** ☒ Delete
NAME **CHAPMAN, AUSTIN**
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **G. Craig Howse**
CITY-ST-ZIP **3003 Snelling Ave. N.
St. Paul, MN 55113**

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

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

TITLE ☐ Change ☒ Addition
NAME **Vice Chair of the Board of T**
STREET ADDRESS **Dr. Raymond Smyth**
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:

Douglas Schroeder, VP & CFO 1/2/03 651-631-5500

CR2E037 (10/02)