

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

**FILED  
Jan 04, 2007  
Secretary of State**

DOCUMENT# N01000001754

Entity Name: DEVRY STUDENT ACTIVITIES ORGANIZATION INC.

**Current Principal Place of Business:**

4000 MILLENIA BLVD  
OFFICE OF STUDENT SERVICES  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4000 MILLENIA BLVD  
ORLANDO, FL 32839

**New Mailing Address:**

FEI Number: 59-3701200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324      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: DP      ( ) Delete  
Name: KUNSMAN, GARY  
Address: 4000 MILLENIA BLVD  
City-St-Zip: ORLANDO, FL 32839

Title: DV      ( ) Delete  
Name: ABASS, JAMEER  
Address: 4000 MILLENIA BLVD  
City-St-Zip: ORLANDO, FL 32839

Title: DTS      ( ) Delete  
Name: OROZCO, LORINDA  
Address: 4000 MILLENIA BLVD  
City-St-Zip: ORLANDO, FL 32839

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY KUNSMAN

DP

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date