

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2006 8:00 am
Secretary of State

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DOCUMENT # N04000005797					
1. Entity Name UNIVERSITY OF FLORIDA INVESTMENT CORPORATION					
Principal Place of Business 100 NW 20TH ST GAINESVILLE, FL 32603-1753 US			Mailing Address PO BOX 14225 GAINESVILLE, FL 32604-2425 US		
2. Principal Place of Business Sun Center West, 235 S. Main Street Suite, Apt. #, etc. 206 City & State Gainesville, FL Zip 32601		3. Mailing Address Sun Center West, 235 S. Main Street Suite, Apt. #, etc. 206 City & State Gainesville, FL Zip 32601			
4. FEI Number 20-1226494		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERNARD, PAMELA J ROOM 123, TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125			7. Name and Address of New Registered Agent Name Ford, Michael W. Street Address (P.O. Box Number is Not Acceptable) 123 Tigert Hall University of Florida City Gainesville FL Zip Code 32611-3125		
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: <u>Michael W. Ford</u> Michael W. Ford, General Counsel <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME BANKS, ANDREW S STREET ADDRESS 22 CHURCH ST, PHASE 1 WASHINGTON MALL CITY-ST-ZIP HAMILTON, BERMUDA, HM11	<input type="checkbox"/> Delete		TITLE Davis, Jerry W. NAME 8210 Bahia Blanca Court STREET ADDRESS Jacksonville, FL 32256-7392 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME COHEN, CRAIG C STREET ADDRESS 1225 17TH ST STE 2500 CITY-ST-ZIP DENVER, CO 80202	<input type="checkbox"/> Delete		TITLE Chief Executive Office NAME Pareira, Alan S. STREET ADDRESS 9130 S. Dadeland Blvd., Suite 1704 CITY-ST-ZIP Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRD NAME O'BRIEN, M. ANN STREET ADDRESS 231 LASALLE ST, C/O BANK OF AMERICA CITY-ST-ZIP CHICAGO, IL 60697	<input type="checkbox"/> Delete		TITLE Professor NAME Ryngaert, Michael D. STREET ADDRESS UofF, Warrington College/Bs-Dept. Finance, PO Box 117168 CITY-ST-ZIP Gainesville, FL 32611-7168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CEO NAME POWELL, EARL W STREET ADDRESS 2665 S BAYSHORE DR 8TH FLOOR CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE Sr. Vice President & CFO NAME Robinson, William J. STREET ADDRESS Shands HealthCare, Box 100327 CITY-ST-ZIP Gainesville, FL 32610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME MACHEN, J. BERNARD STREET ADDRESS 226 TIGERT- BOX 11315 CITY-ST-ZIP GAINESVILLE, FL 32611	<input checked="" type="checkbox"/> Delete		TITLE Executive Vice President NAME Robell, Paul A. STREET ADDRESS Emerson Alumni Hall, 1938 W. University Ave. CITY-ST-ZIP Gainesville, FL 32603-1753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPA NAME POPPELL, J. EDWARD STREET ADDRESS 204 TIGERT HALL- BOX 113100 CITY-ST-ZIP GAINESVILLE, FL 32611	<input type="checkbox"/> Delete		TITLE President NAME Machen, J. Bernard STREET ADDRESS 226 Tigert - Box 113150 CITY-ST-ZIP Gainesville, FL 32611	<input checked="" 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: <u>Peter H. Landauer</u> Peter H. Landauer, Director of Investments <u>2/9/06</u> 352-392-5917 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					