


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90078 030 ****61.25

DOCUMENT # N05000001317 1. Entity Name USF FINANCING CORPORATION					
Principal Place of Business 4202 EAST FOWLER AVENUE, ADM 250 TAMPA, FL 33620			Mailing Address 4202 EAST FOWLER AVENUE, ADM 250 TAMPA, FL 33620		
2. Principal Place of Business - No P.O. Box # 4202 EAST FOWLER AVENUE Suite, Apt. #, etc. ADM 280 City & State TAMPA, FL Zip 33620		3. Mailing Address 4202 EAST FOWLER AVENUE Suite, Apt. #, etc. ADM 280 City & State TAMPA, FL Zip 33620			
Country USA		Country USA		4. FEI Number 20-2865561	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PREVAUX, STEVEN D GENERAL COUNSEL, UNIVERSITY OF SOUTH FL. 4202 EAST FOWLER AVENUE, ADM 250 TAMPA, FL 33620			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <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, 2007		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRIFFIN, MICHAEL <input type="checkbox"/> Delete 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JILL JOYCE 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSO <input checked="" type="checkbox"/> Delete HASARA, JERRY 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIGID MERENDA 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALTERS, CLIFFORD 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GENSHAFT, JUDY PH.D. 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARLUCCI, CARL PH.D. 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete STUBBS, FELL L 4202 E. FOWLER AVE., ADM 280 TAMPA, FL 33620		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fell L. Stubbs

4-11-07

PIS-524-329A