


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001317					
1. Entity Name USF FINANCING CORPORATION					
Principal Place of Business 4202 E. FOWLER AVE. ADM 280 TAMPA, FL 33620 US			Mailing Address 4202 E. FOWLER AVE. ADM 280 TAMPA, FL 33620 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2865561	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE C NAME GRIFFIN, MICHAEL STREET ADDRESS 4202 E. FOWLER AVE., ADM 280 CITY-ST-ZIP TAMPA, FL 33620	<input type="checkbox"/> Delete				
TITLE D NAME JOYCE, JILL STREET ADDRESS 4202 E. FOWLER AVE., ADM 280 CITY-ST-ZIP TAMPA, FL 33620	<input type="checkbox"/> Delete				
TITLE D NAME WALTERS, CLIFFORD STREET ADDRESS 4202 E. FOWLER AVE., ADM 280 CITY-ST-ZIP TAMPA, FL 33620	<input type="checkbox"/> Delete				
TITLE D NAME GENSHAFT, JUDY PH.D. STREET ADDRESS 4202 E. FOWLER AVE., ADM 280 CITY-ST-ZIP TAMPA, FL 33620	<input type="checkbox"/> Delete				
TITLE D NAME CARLUCCI, CARL PH.D. STREET ADDRESS 4202 E. FOWLER AVE., ADM 280 CITY-ST-ZIP TAMPA, FL 33620	<input type="checkbox"/> Delete				
TITLE M NAME STUBBS, FELL L STREET ADDRESS 4202 E. FOWLER AVE., ADM 280 CITY-ST-ZIP TAMPA, FL 33620	<input type="checkbox"/> Delete				
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 an officer like empowered.		SIGNATURE: <i>Fell L. Stubbs, Executive Director 6/12/07</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

07 JUN 27 AM 7:37

OFFICE OF STATE
TALLAHASSEE, FLORIDA



06122007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2865561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Amended AR 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 C ☐ Delete
NAME GRIFFIN, MICHAEL
STREET ADDRESS 4202 E. FOWLER AVE., ADM 280
CITY-ST-ZIP TAMPA, FL 33620

TITLE D ☐ Delete
NAME JOYCE, JILL
STREET ADDRESS 4202 E. FOWLER AVE., ADM 280
CITY-ST-ZIP TAMPA, FL 33620

TITLE D ☐ Delete
NAME WALTERS, CLIFFORD
STREET ADDRESS 4202 E. FOWLER AVE., ADM 280
CITY-ST-ZIP TAMPA, FL 33620

TITLE D ☐ Delete
NAME GENSHAFT, JUDY PH.D.
STREET ADDRESS 4202 E. FOWLER AVE., ADM 280
CITY-ST-ZIP TAMPA, FL 33620

TITLE D ☐ Delete
NAME CARLUCCI, CARL PH.D.
STREET ADDRESS 4202 E. FOWLER AVE., ADM 280
CITY-ST-ZIP TAMPA, FL 33620

TITLE M ☐ Delete
NAME STUBBS, FELL L
STREET ADDRESS 4202 E. FOWLER AVE., ADM 280
CITY-ST-ZIP TAMPA, FL 33620

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD ☐ Change ☒ Addition
NAME Gerald Hasara
STREET ADDRESS 4202 E. Fowler Ave., ADM 280
CITY-ST-ZIP Tampa, FL 33620

TITLE D ☐ Change ☒ Addition
NAME Brigid Merenda
STREET ADDRESS 4202 E. Fowler Ave., ADM 280
CITY-ST-ZIP Tampa, FL 33620

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

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

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

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

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