2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N06000000064

Entity Name: FSU MBA ASSOCIATION, INC.

Current Principal Place of Business:

GRADUATE OFFICE - COLLEGE OF BUSINESS
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061110

New Principal Place of Business:

Current Mailing Address:

GRADUATE OFFICE - COLLEGE OF BUSINESS
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061110

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUNEWALD, PAUL C
GRADUATE OFFICE - COLLEGE OF BUSINESS
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061110 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:	P	( ) Delete
Name:	DIETZ, RYAN	
Address:	GRADUATE OFFICE - COLLEGE OF BUSINESS	
City-St-Zip:	TALLAHASSEE, FL 323061110	
Title:	VP	( ) Delete
Name:	SHAH, TIM	
Address:	GRADUATE OFFICE - COLLEGE OF BUSINESS	
City-St-Zip:	TALLAHASSEE, FL 323061110	
Title:	T	( ) Delete
Name:	GRUNEWALD, PAUL	
Address:	GRADUATE OFFICE - COLLEGE OF BUSINESS	
City-St-Zip:	TALLAHASSEE, FL 323061110	
Title:	S	( ) Delete
Name:	ALEXANDER, EDWIN	
Address:	GRADUATE OFFICE - COLLEGE OF BUSINESS	
City-St-Zip:	TALLAHASSEE, FL 323061110	
Title:	H	( ) Delete
Name:	TALBOT, MIKE	
Address:	GRADUATE OFFICE - COLLEGE OF BUSINESS	
City-St-Zip:	TALLAHASSEE, FL 323061110	

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:	
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 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: PAUL GRUNEWALD T 04/06/2009
Electronic Signature of Signing Officer or Director — Date