

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012024

Entity Name: TELIOS UNIVERSITY, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

1015 ATLANTIC BLVD., STE. 291
JACKSONVILLE, FL 33541

New Principal Place of Business:

Current Mailing Address:

1015 ATLANTIC BLVD., STE. 291
JACKSONVILLE, FL 33541

New Mailing Address:

FEI Number: 20-8479402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALSTON, W. OLIVER
1015 ATLANTIC BLVD
SUITE 291
JACKSONVILLE, FL 33541 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: D () Delete
Name: LYONS, BYRON P.
Address: 15 PINE CREST ST.
City-St-Zip: FREDERICTON, NB, CA., E3B5E3

Title: D () Delete
Name: SAWLER, RUTH
Address: 37 CLARK ST.
City-St-Zip: HARTLAND, NB CA, E7P 1L3,

Title: D () Delete
Name: COTE, LISA M
Address: RR #2, BOX 316
City-St-Zip: OLD TOWN, ME 04468

Title: P () Delete
Name: OLIVER, ALSTON W.
Address: 106 OAK ST.
City-St-Zip: MILFORD, ME 04461

Title: T () Delete
Name: OLIVER, THERESA F.
Address: 106 OAK ST.
City-St-Zip: MILFORD, ME 04461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYONS, BYRON P.
Address: 15 PINE CREST ST.
City-St-Zip: FREDERICTON, NB E3B5E3 CA

Title: D (X) Change () Addition
Name: SAWLER, RUTH
Address: 37 CLARK ST.
City-St-Zip: HARTLAND, NB E7P1L3 CA

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: ALSTON W. OLIVER, PH.D

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date