

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009984

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** FRIENDS OF KENNESAW STATE UNIVERSITY, INC.

**Current Principal Place of Business:**

412 AFTER GLOW SUMMIT  
CANTON, GA 30114

**New Principal Place of Business:**

**Current Mailing Address:**

412 AFTER GLOW SUMMIT  
CANTON, GA 30114

**New Mailing Address:**

**FEI Number:** 32-0219391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEIN, JOEL B ESQ  
510 VONDERBURG DR STE 3006  
BRANDON, FL 33511 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: DPT ( ) Delete  
Name: FEIN, MELVYN  
Address: 412 AFTER GLOW SUMMIT  
City-St-Zip: CANTON, GA 30114

Title: DVS ( ) Delete  
Name: TREIBER, LINDA  
Address: 412 AFTER GLOW SUMMIT  
City-St-Zip: CANTON, GA 30114

Title: D ( ) Delete  
Name: FEIN, JOEL B  
Address: 510 VONDERBURG DR STE 3006  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: FENTON, PETER W J.D.  
Address: 5196 MARSDEN TRACE  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: D ( ) Delete  
Name: ZIELGLER, CHRIS PH.D  
Address: 10 PEPPERTREE COURT  
City-St-Zip: MARIETTA, GA 30068

**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: MELVYN L. FEIN

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date