## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000000222

Apr 05, 2012 Secretary of State

Entity Name: THE FLORIDA STATE UNIVERSITY COLLEGE OF BUSINESS STUDENT INVESTMENT FUND,

**INCORPORATED** 

**Current Principal Place of Business: New Principal Place of Business:** 

314A ROVETTA BUSINESS ANNEX TALLAHASSEE, FL 323061110

**Current Mailing Address: New Mailing Address:** 

314A ROVETTA BUSINESS ANNEX TALLAHASSEE, FL 323061110

FEI Number: 26-4028305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STEFFENS, BETTY GENERAL COUNSEL. THE FLORIDA STATE UNIV.

GENERAL COUNSEL, THE FLORIDA STATE UNIV. SUITE 424-WESTCOTT BLDG. 222 S COPELAND AV SUITE 424-WESTCOŤT BLDG. 222 S COPELAND AV TALLAHASSEE, FL 323061400 US TALLAHASSEE, FL 323061400 US

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.

EGAN, CAROLYN

SIGNATURE: CAROLYN EGAN 04/05/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

SMITH, WILLIAM G Name:

222 S COPELAND AVE., SUITE 211-WESTCOTT Address:

City-St-Zip: TALLAHASSEE, FL 323061470

Title:

Name: ALVAREZ, RALPH

Address: 222 S COPELAND AVE., SUITE 214-WESTCOTT

City-St-Zip: TALLAHASSEE, FL 323061470

Title: DIR

GANZ, JR, GERALD J Name:

2010 LEVY AVENUE, BLDG. B, SUITE 300 Address:

City-St-Zip: TALLAHASSEE, FL 32306

Title: DV

Name: BECK-DUDLEY, CARYN

821 ACADEMIC WAY, PO BOX 3061110 Address:

City-St-Zip: TALLAHASSEE, FL 323061110

Title: DC

Name: DORAN, JAMES 821 ACADEMIC WAY Address:

City-St-Zip: TALLAHASSEE, FL 323061110

Title:

CHRISTIANSEN, WILLIAM Name: Address: 821 ACADEMIC WAY

TALLAHASSEE, FL 323061110 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM CHRISTIANSEN DIR 04/05/2012