2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N41028

Entity Name: FLORIDA ATLANTIC UNIVERSITY RESEARCH CORPORATION

Current Principal Place of Business:

777 GLADES ROAD
BLDG 10 ROOM 203
BOCA RATON, FL 33431 US

New Principal Place of Business:

777 GLADES ROAD
BLDG 10 ROOM 210A
BOCA RATON, FL 33431 US

Current Mailing Address:

777 GLADES ROAD
BLDG 10 ROOM 203
BOCA RATON, FL 33431 US

New Mailing Address:

777 GLADES ROAD
BLDG 10 ROOM 210A
BOCA RATON, FL 33431 US

FEI Number: 65-0267991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDIN, JACK ESQ
777 GLADES RD
AD 370
BOCA RATON, FL 334310991 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: LEMANSKI, LARRY
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete
Name: LUDIN, JACK
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: JESSELL, KENNETH
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: BROGAN, FRANK T
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: LEVOW, ROY
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORIARTY, MICHAEL
Address: 777 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

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: JACK LUDIN S 01/16/2009

Electronic Signature of Signing Officer or Director Date