


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90043 018 ****61.25

DOCUMENT # N93000004178	
1. Entity Name THE FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION, INCORPORATED	

Principal Place of Business 97 S WOODWARD AVENUE STE 300 TALLAHASSEE, FL 32306-4166 US	Mailing Address 97 S WOODWARD AVENUE STE 300 TALLAHASSEE, FL 32306-4166 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40064483



01262007 Chg-NP CR2E037 (12/06)

-6. Name and Address of Current Registered Agent-		7. Name and Address of New Registered Agent	
STEFFENS, BETTY B GENERAL COUNSEL FLA STATE UNIV 211 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPER, KIRBY W	NAME	
STREET ADDRESS	550 LITCHFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, JOSEPH	NAME	
STREET ADDRESS	617 SHORT STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERELL, T. K.	NAME	
STREET ADDRESS	OAKHILL PLANTATION-US 27 S., POB 37	STREET ADDRESS	
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNAGHI, JOHN R	NAME	
STREET ADDRESS	2953 GOLDEN EAGLE DR EAST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELE, LAWRENCE G	NAME	
STREET ADDRESS	841 MADEIRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, BETH	NAME	
STREET ADDRESS	109 WESTCOTT BLDG	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 323061330	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Beth C. Hodges</i> Beth E. Hodges Secretary	4/10/07 (850) 644-2257
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>