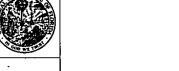
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P21399

1. Entity Name

FILED Mar 07, 2005 8:00 am Secretary of State 03-07-2005 90284 036 ****61.25



BRANDEIS UNIVERSITY INC.										_	
Principal Place 415 SOUTH S P.O. BOX 91 WALTHAM, M	STREET	P.O. BOX 9110	CONTROLLER'S OFFICE			4 IN 83 IN 84 IN 87	FON HINTO (KIO (TRID LT)		<i>702</i> 33	-	
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182005	Chg-NP	CR2E03	7 (10/03)			
City & State		City & State				4. FEI Number 04-2103	552		- 	plied For at Applicable	
Zip	Country	Zip	Соц	ntry		5. Certificate of		п г	8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent		NI		7. Name and A	ddress of New F	Registered A	gent		
CT CORPO 1200 SOU' PLANTATI			Name Street Addr	ess (P	O. Box Number	is Not Acceptable	e)				
				City					Zip Cod	, e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contributi					;	\$5.00 May Be Added to Fees	N.	lake check rida Depart	payable to		
10.	OFFICERS AND D	RECTORS	11.		Α	DDITIONS/CHAN	IGES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINHARZ, JEHUDA 415 SOUTH STREET WALTHAM, MA	☐ Delete		· · · · · · · · · · · · · · · · · · ·					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRENCH, PETER B 415 S ST WALTHAM, MA	☐ Delete		ŀ			•		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	V -KRAUSS; MARTY:W— 415 SOUTH STREET WALTHAM, MA	☐ Delete						-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMON, JEFFREY S 415 SOUTH ST WALTHAM, MA	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LERLMAN, JEANETTE 415 SOUTH STREET WALTHAM, MA 02454	Delete	1	E Et address -ST-ZIP	5 D	415	ald A. Ro 500th S 1tham,	street	-	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAY, STEPHEN B 415 SOUTH ST WALTHAM, MA	□ Oelete							Change	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

S	IG	N	Δ٦	ΓLI	IR	F٠

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFFREY S. SOLOMON

781-136-4420

Daytime Phone #