2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# P21399

Entity Name: BRANDEIS UNIVERSITY INC.

Current Principal Place of Business:

415 SOUTH STREET
WALTHAM, MA 024549110 US

New Principal Place of Business:

Current Mailing Address:

CONTROLLER'S OFFICE
P.O. BOX 9110
WALTHAM, MA 024549110 US

New Mailing Address:

FINANCIAL AFFAIRS & TREASURY SERVICES
P.O. BOX 9110
WALTHAM, MA 024549110 US

FEI Number: 04-2103552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	REINHARZ, JEHUDA	
Address:	415 SOUTH STREET	
City-St-Zip:	WALTHAM, MA 02454 US	
Title:	V	( ) Delete
Name:	FRENCH, PETER B	
Address:	415 SOUTH STREET	
City-St-Zip:	WALTHAM, MA 02454 US	
Title:	V	( ) Delete
Name:	KRAUSS, MARTY W	
Address:	415 SOUTH STREET	
City-St-Zip:	WALTHAM, MA 02454 US	
Title:	T	( ) Delete
Name:	MURPHY, MAUREEN	
Address:	415 SOUTH ST	
City-St-Zip:	WALTHAM, MA 02454 US	
Title:	S	( ) Delete
Name:	HOSE, JOHN R	
Address:	415 SOUTH STREET	
City-St-Zip:	WALTHAM, MA 02454 US	
Title:	CD	( ) Delete
Name:	SHERMAN, MALCOLM	
Address:	415 SOUTH ST	
City-St-Zip:	WALTHAM, MA 02454 US	

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:	
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: CHRISTOPHER J. O'BRIEN AVP 06/01/2009

Electronic Signature of Signing Officer or Director — Date