

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P23341**

1. Entity Name  
**WEBSTER UNIVERSITY INCORPORATED**



Principal Place of Business  
**2180 WEST STATE ROAD 434  
SUITE 5100  
LONGWOOD, FL 32779**

Mailing Address  
**470 E. LOCKWOOD  
ST. LOUIS, MO 63119-0194**



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-0662529**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JANKE, THOMAS DR.  
2180 WEST STATE ROAD 434  
SUITE 5100  
LONGWOOD, FL 32779**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000214170  
02/13/08-80033-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
HILL, DOUGLAS E  
470 E LOCKWOOD AVE  
SAINT LOUIS, MO 63119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MEYERS, RICHARD S.  
470 E. LOCKWOOD AVE.  
ST. LOUIS, MO**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
GEORGE, NEIL J  
470 E LOCKWOOD AVE  
SAINT LOUIS, MO 63119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SOB  
LUEBBERT, KAREN  
470 E LOCKWOOD AVE  
ST LOUIS, MO**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVPF  
GARAFOLA, DAVID A  
470 E LOCKWOOD AVE  
ST. LOUIS, MO 63119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*David Garafola*

**David Garafola**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(314) 968-7406**

Daytime Phone #