

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P23341

FILED
Oct 08, 2009
Secretary of State

Entity Name: WEBSTER UNIVERSITY INCORPORATED

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5100
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

470 E. LOCKWOOD
ST. LOUIS, MO 631190194

New Mailing Address:

FEI Number: 43-0662529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

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

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: THOMAS JANKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: HILL, DOUGLAS E
Address: 470 E LOCKWOOD AVE
City-St-Zip: SAINT LOUIS, MO 63119

Title: P () Delete
Name: MEYERS, RICHARD S.
Address: 470 E. LOCKWOOD AVE.
City-St-Zip: ST. LOUIS, MO

Title: EVP () Delete
Name: GEORGE, NEIL J
Address: 470 E LOCKWOOD AVE
City-St-Zip: SAINT LOUIS, MO 63119

Title: SOB () Delete
Name: LUEBBERT, KAREN
Address: 470 E LOCKWOOD AVE
City-St-Zip: ST LOUIS, MO

Title: TVPF () Delete
Name: GARAFOLA, DAVID A
Address: 470 E LOCKWOOD AVE
City-St-Zip: ST. LOUIS, MO 63119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: BURKHART, MARK
Address: 470 E LOCKWOOD AVE
City-St-Zip: SAINT LOUIS, MO 63119

Title: P (X) Change () Addition
Name: STROLBE, ELIZABETH J
Address: 470 E. LOCKWOOD AVE.
City-St-Zip: ST. LOUIS, MO

Title: CHAN (X) Change () Addition
Name: GEORGE, NEIL J
Address: 470 E LOCKWOOD AVE
City-St-Zip: SAINT LOUIS, MO 63119

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: DAVID GARAFOLA

TVPF

10/08/2009

Electronic Signature of Signing Officer or Director

Date