2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006
Secretary of State

DOCUMENT# P35891

Entity Name: JOHNSON & WALES UNIVERSITY \A CORPORATION\

Current Principal Place of Business:

8 ABBOTT PARK PLACE
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

8 ABBOTT PARK PLACE
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0306206 **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:

C T 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:	BOWEN, JOHN J DR	
Address:	111 DORRANCE STREET	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	EVP	( ) Delete
Name:	DWYER, THOMAS L	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	T	( ) Delete
Name:	DEL SESTO, CHRISTOPHER T DR	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	S	( ) Delete
Name:	BENNETT, BARBARA L DR	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	D	( ) Delete
Name:	BURNS, EUGENE K DR	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	D	( ) Delete
Name:	D'AMICO, LOUIS E DR	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	DWYER, THOMAS L	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DEL SESTO, CHRISTOPHER DR	
Address:	8 ABBOTT PARK PLACE	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA L. BENNETT DR. 05/30/2006
Electronic Signature of Signing Officer or Director — Date