2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2015
Secretary of State
CC2649014829

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Entity Name: THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

2010 LEVY AVE
BLDG B, SUITE 300
TALLAHASSEE, FL 32306-2739

Current Mailing Address:

2010 LEVY AVE
POB 3062739
TALLAHASSEE, FL 32306-2739 US

FEI Number: 59-6152180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JHANJI, ANDY A
2010 LEVY AVE
BLDG B, STE 300
TALLAHASSEE, FL 32306-2739 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	AT
Name	GANZ, GERALD J JR.
Address	2010 LEVY AVE., BLDG B - SUITE 300
City-State-Zip:	TALLAHASSEE FL 32306

Title	CD
Name	THIEL, JOHN W
Address	2010 LEVY AVENUE, BLDG B - SUITE 300
City-State-Zip:	TALLAHASSEE FL 32306

Title	PD
Name	JENNINGS, THOMAS W
Address	214 WESTCOTT BLDG
City-State-Zip:	TALLAHASSEE FL 32306

Title	SD
Name	HOLD, WILLIAM T
Address	2010 LEVY AVENUE, BLDG B - SUITE 300
City-State-Zip:	TALLAHASSEE FL 32306

Title	TD
Name	GONZALEZ, RALPH R
Address	2010 LEVY AVE., BLDG B - SUITE 300
City-State-Zip:	TALLAHASSEE FL 32306

Title	AS
Name	CROWLEY, PATRICK J
Address	2010 LEVY AVE., BLDG B - SUITE 300
City-State-Zip:	TALLAHASSEE FL 32306

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W. JENNINGS PD 01/16/2015

Electronic Signature of Signing Officer/Director Detail — Date