

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003526

**Entity Name:** NATIONAL UNIVERSITY CORPORATION

**Current Principal Place of Business:**

11355 NORTH TORREY PINES ROAD  
LA JOLLA, CA 92037

**Current Mailing Address:**

11355 NORTH TORREY PINES ROAD  
LA JOLLA, CA 92037

**FEI Number:** 23-7172306

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CHRM  
Name            CZARNECKI, GERALD  
Address        11355 NORTH TORREY PINES ROAD  
City-State-Zip: LA JOLLA CA 92037

Title            VC FINANCE, CFO  
Name            DAVE, LAWRENCE  
Address        11355 NORTH TORREY PINES ROAD  
City-State-Zip: LA JOLLA CA 92037

Title            CHNC  
Name            CUNNINGHAM, MICHAEL DR  
Address        11355 NORTH TORREY PINES ROAD  
City-State-Zip: LA JOLLA CA 92037

Title            PRESIDENT  
Name            DAVID, ANDREWS  
Address        11255 NORTH TORREY PINES ROAD  
City-State-Zip: LA JOLLA CA 92037

*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:** DAVE LAWRENCE

CFO

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date