

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006206

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC8277491709**

**Entity Name:** CAPELLA UNIVERSITY, INC.

**Current Principal Place of Business:**

225 SOUTH SIXTH STREET, FLOOR 9  
MINNEAPOLIS, MN 55402

**Current Mailing Address:**

225 SOUTH SIXTH STREET, FLOOR 9  
MINNEAPOLIS, MN 55402 US

**FEI Number:** 41-1740392

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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 P  
Name KINNEY, SCOTT  
Address 225 S. SIXTH STREET, 9TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title S  
Name SORENSEN, TODD  
Address 225 S. SIXTH STREET, 9TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title T  
Name POLACEK, STEVE  
Address 225 S. SIXTH STREET, 9TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title C  
Name BALLINGER, MARCIA PHD  
Address 225 S. SIXTH STREET, 9TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title D  
Name CHIAL, SALLY B  
Address 225 S. SIXTH STREET, 9TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title D  
Name COBALLES-VEGA, CARMEN PHD  
Address 225 S. SIXTH STREET, 9TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR  
Name CRANE, MELISSA  
Address 225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402

Title DIRECTOR  
Name FOX, ROBERT C JR.  
Address 225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402

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*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TODD SORENSEN

**SECRETARY**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GARRETT, WILLIE  
Address        225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402

Title           DIRECTOR  
Name           REDDEN, CHARLOTTE PHD  
Address        225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402