

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006206

**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:** No

**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            PRESIDENT, DIRECTOR  
Name            SENESE, RICHARD  
Address        225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402

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

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

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

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

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

Title            DIRECTOR  
Name            RAMSTAD, PETER  
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**

**ASST SECRETARY**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name VAN ASSELT, KATHRYN  
Address 225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402

Title SECRETARY  
Name SWANEGAN, NICOLE  
Address 225 SOUTH SIXTH STREET, FLOOR 9  
City-State-Zip: MINNEAPOLIS MN 55402

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

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