

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90011 028 \*\*\*\*61.25

0097823

**DOCUMENT # 842003**

1. Entity Name

**HOPE COLLEGE, INC.**

Principal Place of Business

**ADMINISTRATION BLDG.  
 HOPE COLLEGE  
 HOLLAND MI 49423**

Mailing Address

**ADMINISTRATION BLDG.  
 HOPE COLLEGE  
 HOLLAND MI 49423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**38-1381271**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BULTMAN, JAMES</b>	
STREET ADDRESS	<b>141 E 12TH STREET, PO BOX 9000</b>	
CITY-ST-ZIP	<b>HOLLAND MI 49422-9000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOUWENS, JOEL G</b>	
STREET ADDRESS	<b>2714 MEADOW DRIVE</b>	
CITY-ST-ZIP	<b>ZEELAND MI 49464</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, WILLIAM K</b>	
STREET ADDRESS	<b>1369 SANDY RUN</b>	
CITY-ST-ZIP	<b>HOLLAND MI 49424</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, J. KERMIT</b>	
STREET ADDRESS	<b>2721 NELSON ROAD</b>	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49686</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENDRICKS, LYNNE R</b>	
STREET ADDRESS	<b>3847 S BIG SPRING DRIVE</b>	
CITY-ST-ZIP	<b>GRANDVILLE MI 49418</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Bultman*  
**JAMES BULTMAN**  
 SIGNED

1/22/02

616-395-7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)