

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000491

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4031408464**

**Entity Name:** THE LUTHERAN UNIVERSITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1700 CHAPEL DR KRETZMANN HALL  
VALPARAISO, IN 46383

**Current Mailing Address:**

1700 CHAPEL DR KRETZMANN HALL  
VALPARAISO, IN 46383

**FEI Number: 35-0868125**

**Certificate of Status Desired: Yes**

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

NRAI SERVICES, INC.  
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 C  
Name KRAEGEL, FREDERICK G  
Address 1700 CHAPEL DR KRETZMANN HALL  
City-State-Zip: VALPARAISO IN 46383

Title VC  
Name RAQUET, BONNIE E  
Address 1700 CHAPEL DR KRETZMANN HALL  
City-State-Zip: VALPARAISO IN 46383

Title S  
Name FARHA, DARRON C  
Address 1700 CHAPEL DR KRETZMANN HALL  
City-State-Zip: VALPARAISO IN 46383

Title PRESIDENT  
Name HECKLER, MARK A  
Address 1700 CHAPEL DR KRETZMANN HALL  
City-State-Zip: VALPARAISO IN 46383

Title VP  
Name SCROGGINS, SUSAN D  
Address 1700 CHAPEL DR KRETZMANN HALL  
City-State-Zip: VALPARAISO IN 46383

*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: SUSAN SCROGGINS**

**VICE PRESIDENT FOR  
ADMINISTRATION**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date