


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000491
 1. Entity Name
 THE LUTHERAN UNIVERSITY ASSOCIATION, INC.



Principal Place of Business 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383	Mailing Address 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383
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01022008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 35-0868125	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HESSLER, DAVID 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC ASHLINE, CONNIE B 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLAUSSEN, HOWARD 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRAEGEL, FREDERICK 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUMER, RICHARD E 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOGGS, N CORNELL III 1700 CHAPEL DR KRETZMANN HALL VALPARAISO, IN 46383

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 02/14/08-80060-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: Howard Hessler Date: 1.25.08 Daytime Phone #: 219.464.5215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR