



**Secretary of State
Statement of Information**
(California Nonprofit, Credit Union and
General Cooperative Corporations)

SI-100

65

FILED
Secretary of State
State of California
SEP 25 2020

IMPORTANT — Read instructions **before completing this form.**

Filing Fee – \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

California State University, Stanislaus Foundation

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C2091869

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
One University Circle	Turlock	CA	95382
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Officers The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ Michele	First Name	Middle Name	Last Name	Suffix
One University Circle			Lahti	Dr
Address	City (no abbreviations)	State	Zip Code	
One University Circle	Turlock	CA	95382	
b. Secretary Stephen	First Name	Middle Name	Last Name	Suffix
One University Circle			Gemperle	Mr
Address	City (no abbreviations)	State	Zip Code	
One University Circle	Turlock	CA	95382	
c. Chief Financial Officer/ Christene	First Name	Middle Name	Last Name	Suffix
One University Circle			James	Ms
Address	City (no abbreviations)	State	Zip Code	
One University Circle	Turlock	CA	95382	

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Christene		James	Ms
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
One University Circle	Turlock	CA	95382

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

8/20/20

Dennette Dores

Auxiliary Mgr

Dennette Dores

Digitally signed by Dennette Dores
Date: 2020.08.21 06:10:34 -0700

Date

Type or Print Name of Person Completing the Form

Title

Signature