

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213546645

1.) CORPORATION NAME:

Capella University, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1582297**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 S SIXTH STREET
FLOOR 9

CITY/ST/ZIP: MINNEAPOLIS, MN 55402

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SCOTT KINNEY				
TITLE:	PRESIDENT				
ADDRESS:	225 S 6TH ST FLOOR 9				
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	STEVE POLACEK				
TITLE:	TREASURER				
ADDRESS:	225 S 6TH ST FLOOR 9				
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	TODD SORENSEN				
TITLE:	SECRETARY				
ADDRESS:	225 S 6TH ST FLOOR 9				
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARCIA BALLINGER				
TITLE:	CHAIRMAN				
ADDRESS:	225 S 6TH ST FLOOR 9				
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SALLY CHIAL				
TITLE:	DIRECTOR				
ADDRESS:	225 S 6TH ST FLOOR 9				
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CARMEN COBALLES VEGA				
TITLE:	DIRECTOR				
ADDRESS:	225 S 6TH ST FLOOR 9				
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402				

NAME: ROBERT FOX TITLE: DIRECTOR ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIE GARRETT TITLE: DIRECTOR ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLOTTE REDDEN TITLE: DIRECTOR ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TODD SORENSEN	TODD SORENSEN, SECRETARY	10/7/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		