



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

SI-100

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)

The Tower Foundation of San Jose State University

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

2669443

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

One Washington Square

City (no abbreviations)

San Jose

State

CA

Zip Code

95192-0183

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/

First Name

Paul

Middle Name

Last Name

Lanning

Suffix

Address

One Washington Square

City (no abbreviations)

San Jose

State

CA

Zip Code

95192-0183

b. Secretary

First Name

Leslie

Middle Name

Last Name

Rohn

Suffix

Address

One Washington Square

City (no abbreviations)

San Jose

State

CA

Zip Code

95192-0183

c. Chief Financial Officer/

First Name

Phillip

Middle Name

Last Name

Boyce

Suffix

Address

One Washington Square

City (no abbreviations)

San Jose

State

CA

Zip Code

95192-0183

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)

Leslie

Middle Name

Last Name

Rohn

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

One Washington Square

City (no abbreviations)

San Jose

State

CA

Zip Code

95192-0183

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.

5/29/2018
Date

Leslie Rohn
Type or Print Name of Person Completing the Form

COO
Title

Leslie Rohn
Signature