State of California  
Secretary of State  

Statement of Information  
(Domestic Nonprofit, Credit Union and General Cooperative Corporations)  

Filing Fee: $20.00. If this is an amendment, see instructions.  
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM  

1. CORPORATE NAME  
The Tower Foundation of San Jose State University  

2. CALIFORNIA CORPORATE NUMBER  
C2669443  

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY  
One Washington Square  
San Jose, CA 95192-0183  

4. MAILING ADDRESS OF THE CORPORATION  
One Washington Square  
San Jose, CA 95192-0183  

5. CHIEF EXECUTIVE OFFICER/  
ADDRESS  
Paul Lanning  
One Washington Square  
San Jose, CA 95192-0183  

6. SECRETARY  
ADDRESS  
Leslie Rohn  
One Washington Square  
San Jose, CA 95192-0183  

7. CHIEF FINANCIAL OFFICER/  
ADDRESS  
Phillip R. Boyce  
One Washington Square  
San Jose, CA 95192-0183  

Agent for Service of Process  
If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.  

8. NAME OF AGENT FOR SERVICE OF PROCESS  
Leslie Rohn  

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL  
One Washington Square  
San Jose, CA 95192-0183  

Common Interest Developments  

10. □ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling 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). Please see instructions on the reverse side of this form.  

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.  

06/21/2016  
Leslie Rohn  
COO  

DATE  
TYPE/PRINT NAME OF PERSON COMPLETING FORM  
TITLE  
SIGNATURE  

SI-100 (REV 01/2016)  
APPROVED BY SECRETARY OF STATE