



Application for Board of Trustee Position

The information submitted will be used by the Board of Governors in considering action on your application. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Please type or print.

If appointed, you will be required to file financial disclosure statements.

April 30, 2007

Date Completed

1. Name: White Karl E.
Last First Middle and/or (Maiden)

2. University Board of Interest: Florida A&M University Board of Trustees

Are you applying for reappointment? Yes No

3. Residence Address: _____
Street City County

4. Current Employer or Occupation: Fletcher Asset Management, Inc.

Business Address: _____
Street Office#/Suite City

Post Office Box Suite Zip Code Area Code/Phone Number

karl.white@fletcher.com

E-mail Address

5. Specify the preferred mailing address: Business Home Fax # _____

6. List all places of residence for the past five (5) years.

<u>Address</u>	<u>City and State</u>	<u>From</u>	<u>To</u>
		<u>1/98</u>	<u>Present</u>

7. List all former and current residences outside of Florida that you have maintained at any time during adulthood.

<u>Address</u>	<u>City and State</u>	<u>From</u>	<u>To</u>
		<u>1/98</u>	<u>Present</u>
	<u>Boston, MA</u>	<u>7/95</u>	<u>1/98</u>
	<u>Chicago, IL</u>	<u>5/93</u>	<u>7/95</u>
	<u>Detroit, MI</u>	<u>10/88</u>	<u>5/93</u>

8. Date of Birth _____* Place of Birth: Fort Benning, GA

9. Social Security No. _____*

10. Driver License No: _____* Issuing State: Massachusetts

11. Have you ever used or been known by any other legal name? Yes No If "Yes" explain.

12. Are you a United States citizen? Yes No If "No" explain.

13. If you are a naturalized citizen, date of naturalization: Not Applicable

14. Since what year have you been a continuous resident of Florida? I'm not a Florida resident

15. Are you a registered Florida voter? Yes No If "Yes" list:
County of Registration _____

16. Education:

A. High School: Jefferson County High School, Monticello, FL Year Graduated: 1983
(Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
<u>Florida A&M University</u>	<u>8/82-5/88</u>	<u>Bachelor or Science, Pharmacy</u>
<u>University of Chicago</u>	<u>5/93-6/95</u>	<u>MBA</u>
_____	_____	_____
_____	_____	_____

17. Are you or have you ever been a member of the United States armed forces? Yes No
If "Yes" list:
A. Dates of service: _____
B. Branch or component: _____
C. Date and type of discharge: _____

* Will be redacted before distribution occurs.

18. Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No If "Yes" give details:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>

19. Concerning your current employer and for all of your employment, including self-employment, during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment:

<u>Employer Name and Address</u>	<u>Type of Business</u>	<u>Occupation/Title</u>	<u>Period of Employment</u>
<u>Fletcher Asset Management, Investments</u>	<u>Chief Investment Officer</u>	<u>7/2006-Present</u>	
<u>MBTA Retirement Fund, Pension Fund</u>	<u>Executive Director</u>	<u>3/2002-6/2006</u>	
<u>Gracian Capital Management, Investments</u>	<u>Managing Principal</u>	<u>10/1999-2/2002</u>	

20. Have you ever been employed by any state, district, or local government agency in Florida? Yes No If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

<u>Position</u>	<u>Employing Agency</u>	<u>Period of Employment</u>
<u>Computer Programmer</u>	<u>Florida State University, College of Education</u>	<u>1982-1988</u>
<u>This was a part-time job that began while I was still in high school and I maintained it until I graduated from pharmacy school.</u>		

21. State your experiences and interests or elements of your personal history that qualify you for this appointment.

In 1999 I was appointed to the University of Massachusetts Board of Trustees. I have served as Vice Chair of the Board, Chair of 1) the Committee on Academic and Student Affairs, 2) the Audit Committee and 3) the Investment Subcommittee and as Vice Chair of the Administration and Finance Committee. Additionally, I've had responsibility for UMass Online and Commercial Ventures and Intellectual Property.

22. Have you received any degree(s), professional certification(s) or designation(s) including awards related to the subject matter of this appointment? Yes No If "Yes", list:

23. Identify all association memberships and association offices held by you that relate to this appointment:

NONE

24. Do you currently hold an office or position (appointive, civil service, or other) with the Federal or any foreign government? Yes No If "Yes", please list:

25. Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district or state):

<u>Office Title</u>	<u>Date of Election or Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
---------------------	--	-----------------------	----------------------------

If your service was on an appointed board(s), committee(s) or council(s):

- A. How frequently were meetings scheduled? _____
- B. If you missed any of the regularly scheduled meetings, state the number of meetings attended, number missed, and the reason(s) for absence(s).

<u>Meetings Attended</u>	<u>Meetings Missed</u>	<u>Reason for Absence</u>
--------------------------	------------------------	---------------------------

26. Have you ever served on any profit or not-for-profit board? Yes No

If "Yes", state the title, date of appointment, length of service, and provide a brief description of your involvement.

Roxbury Youthworks, Inc. 1997-Present, Currently Chairman of the Board of Directors
Ancora Pharmaceuticals, Inc., 2003-Present, Currently Chairman of the Board of Directors
University of Massachusetts Board of Trustees, 1999 - Present, Vice Chair of the Board and various committee chairs
University of Massachusetts Foundation, 2001-Present, Member, Board of Directors

27. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes No If "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

Fletcher Asset Management, 7/2006-Present, Chief Investment Officer
MBTA Retirement Fund, 3/2002-6/2006, Executive Director (CEO and CIO)
Gracian Capital Management, 10/1999-2/2002, Founder and Managing Principal

28. Describe any involvement with and/or relationship to the university to which you are applying or any other educational institution with which you are/were affiliated (other than as a student).

I have no formal relationship with Florida A&M; however, in past years I have been a speaker to the graduating Pharmacy class. As indicated above, I serve as a member of the Board of Trustees and Board of Directors for the University of Massachusetts and its Foundation, respectively.

29. Describe your understanding of the role of a board of trustee member in ensuring the fiduciary and academic well-being of the university.

Having served as a Trustee for a public university since 1999 in a variety of capacities as indicated above, has made me quite familiar with the challenges facing higher education in general and public higher education more specifically along with the problems associated with running a multi-disciplinary and complex institution.

30. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes No If "Yes", give details:

Date	Nature of Violation	Disposition

31. Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No If "Yes", list:

Title of Office _____ Reason for Suspension: _____

Date of suspension: _____ Result: Reinstated Removed Resigned

32. Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No If "Yes", list:

Title of Office: _____

Term of Appointment: _____

Confirmation results: _____

33. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "Yes", explain:

34. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>License/Certificate Title & Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
---	----------------------------	--------------------------	---------------------------------

(Pharmacist) 12/2005 Department of Health, Board of Pharmacy NONE

35. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

<u>Name of Business</u>	<u>Your Relationship to Business</u>	<u>Business' Relationship to University</u>
-------------------------	--------------------------------------	---

36. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the university to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

<u>Name of Business</u>	<u>Family Member's Relationship to you</u>	<u>Family Member's Relationship to Business</u>	<u>Business' Relationship to University</u>
Jefferson County Schools	Mother	Employee	NONE

37. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes No If "Yes", explain:

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name of agency or entity you lobbied and the principals you represented:

<u>Agency Lobbied</u>	<u>Principals Represented</u>
-----------------------	-------------------------------

38. List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Telephone Number</u>
Arron Gober	313 Williams Street #2, Tallahassee, FL	32303	(850) 222-0766
Warren Henderson	32 Wedgewood Drive, Hopkinton, MA	01748	(508) 497-0936
Jane Swift	580 Henderson Road, Williamstown, MA	01267	(413) 458-3900

39. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>Name</u>	<u>Mailing Address</u>	<u>Office(s) Held & Term</u>	<u>Date(s) of Membership</u>
Kappa Alpha Psi Fraternity	2320 North Broad St, Philadelphia, PA	19132	3/83-Present
Nat Assoc of Securities Professionals	1212 New York Ave NW, Washington, DC	20005	
The Partnership	172 Newbury Street, Boston, MA	02116	9/96-Present

40. Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed? Yes No If "yes", explain:

41. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? Yes No If "yes", detail the name and nature of the organization, relevant policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

42. Have you ever been the object of any equal employment opportunity complaint or any civil action based upon discrimination in the work place? Yes No If "yes", explain and provide details of the outcome:

43. Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant? Yes No If "yes", what type and where?

44. Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes No If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

45. Are you now engaged in activities, or have you engaged in activities in the past, that will reflect unfavorably on the board to which you seek appointment? Yes No If "yes", please explain.

46. Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking? Yes No If "yes", please explain.

Massachusetts

CERTIFICATION

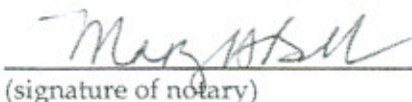
STATE OF ~~FLORIDA~~, COUNTY OF Suffolk

Before me, the undersigned authority, personally appeared Karl White who after being duly sworn, say: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document I understand that a Level 2 background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors.



Affiant's signature

Sworn to and subscribed before me on this 30th day of April, 2007, by Karl E. White



(signature of notary)

MARY H BABB

(typed, printed or stamped name)

Notary Public

Commission No.:

My Commission Expires:

MARY H. BABB
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
June 21, 2013

Personally Known Yes OR Produced Identification _____
Type of Identification Produced _____