

ELA DA BORNAL G STATE UNIVERSITY SYSTEM OF FLORIDA

20.0 JUN 23 AN 11: 32

## **Application for Board of Trustees Position**

The information submitted will be used by the Board of Governors in considering action on your application. The questionnaire <u>MUST BE</u> <u>COMPLETED IN FULL</u>. Answer "none" or "not applicable" where appropriate. Completed applications should be sent to: Board of Governors, 325 W. Gaines Street, Suite 1614, Tallahassee, FL 32399-0400. Please type or print.

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

|    |                           |                |                                      |                         | JUNE 18, 2009                                |
|----|---------------------------|----------------|--------------------------------------|-------------------------|----------------------------------------------|
|    |                           |                |                                      |                         | Date Completed                               |
| •  | Name:                     | JOHNSTO        | N WILLIAM                            |                         | Reed                                         |
|    |                           | Last           | First                                |                         | Middle and/or (Maiden)                       |
| •  | Universit                 | y Board of Int | terest: NEW COLLEG                   | E of FLORIDA            | +                                            |
|    | Are you a                 | pplying for re | appointment? Yes 🗌 N                 | 0 🔀                     |                                              |
|    | Residence                 | e Address: _   |                                      | DENTON                  | MANATEE                                      |
|    |                           | Street         | City                                 |                         | County                                       |
| •  | Current E                 | Employer or O  | Compation: $Re_T$                    | 269                     |                                              |
|    | Business                  | Address:       |                                      |                         |                                              |
|    |                           | Street         | Office#/Su                           | ite                     | City                                         |
|    | Post Office I             | Box            | Suite Zi                             | p Code                  | Area Code/Phone Number                       |
|    | E-mail Addı               | ress           |                                      |                         |                                              |
| 5. | Specify th                | ne preferred n | nailing address: Business            | Home 🛛                  | Fax # (941) 792-0194                         |
| •  | List all pl               | aces of reside | nce for the past five (5) ye         | ars.                    |                                              |
|    | Address                   |                | City and State                       | From                    | To                                           |
|    |                           | 5              | BRADENTON, FL 342                    | -09 1/06                | 1/08                                         |
|    |                           |                | FAR Hyus, NJ 079.                    | 31 8/52                 | 1/06                                         |
|    |                           |                | BRADENJON, FL 3420                   | 9 1/05                  | PRESENT                                      |
|    |                           |                |                                      | 1                       |                                              |
|    | List all for              | rmar and curr  | ont residences outside of 1          | Florida that you h      | we maintained at any time                    |
|    | List all for<br>during ad |                | ent residences outside of i          | Florida that you h      | ave maintained at any time                   |
| •  |                           |                | City and State                       | From                    | ave maintained at any time $\frac{T_0}{T_0}$ |
| ,  | during ad                 |                | City and State<br>NEW YORK, NY (002) | From<br>487             | To<br>PRESENT                                |
| 7. | during ad                 |                | City and State                       | From<br>487<br>944 8/89 | To                                           |

Board of Governors Page 1
Board of Trustees Application

| ٥         |                                                                                                                                                  | * Place of Birth                  | NGLENDOD, NJ                                           |  |  |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|--|--|--|--|
|           | Date of Birth:                                                                                                                                   |                                   | , N G C M 030 6 9 , 10 J                               |  |  |  |  |
| 9.        | Social Security No.:                                                                                                                             | *                                 |                                                        |  |  |  |  |
| 10,       | Driver License No:                                                                                                                               | *                                 | Issuing State: <u>FL</u>                               |  |  |  |  |
| 11.       | Have you ever used or been kno                                                                                                                   | wn by any other legal nan         | ne? Yes 🗍 No 🔀 If "Yes" explain.                       |  |  |  |  |
| 12.       | Are you a United States citizen?                                                                                                                 | 'Yes X No ☐ If "No" e             | xplain.                                                |  |  |  |  |
|           | -                                                                                                                                                |                                   | orida? 2006                                            |  |  |  |  |
|           | Since what year have you been a continuous resident of Florida?       Loob         Are you a registered Florida voter? Yes 🔀 No 🗌 If "Yes" list: |                                   |                                                        |  |  |  |  |
| 13.       |                                                                                                                                                  |                                   | list.                                                  |  |  |  |  |
|           | County of Registration                                                                                                                           | 5/68                              |                                                        |  |  |  |  |
| 16.       | Education:<br>A. High School: <u>Exerce</u> ,<br>(Name and Loca                                                                                  |                                   | Year Graduated: 1957                                   |  |  |  |  |
|           | B. List all postsecondary educa                                                                                                                  | tional institutions attended      | l:                                                     |  |  |  |  |
|           | Name and Location<br>WASHINGTON + LEE UNIV<br>LEXINGTON, VA 24150                                                                                | <u>Date Attended</u><br>1957-1961 | Certificates/Degrees Received<br>B. S. J. Commerce     |  |  |  |  |
|           | NEW YORK UNIV - NYC                                                                                                                              | 1961                              | NONE                                                   |  |  |  |  |
|           | •                                                                                                                                                |                                   |                                                        |  |  |  |  |
|           | Are you or have you ever been aIf "Yes" list:A. Dates of service:B. Branch or component:C. Date and type of discharge:                           | 1-62                              |                                                        |  |  |  |  |
| Vill be r | redacted before distribution occurs.                                                                                                             |                                   | Board of Governors Pa<br>Board of Trustees Application |  |  |  |  |

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:

| Date                   | Place                     | Nature                                       |                 | Disposition                                          |
|------------------------|---------------------------|----------------------------------------------|-----------------|------------------------------------------------------|
|                        |                           |                                              | •               |                                                      |
|                        |                           |                                              |                 |                                                      |
| <u> </u>               |                           | ······                                       |                 |                                                      |
| during the             |                           | our employer's name                          |                 | , including self-employme<br>address, type of busine |
| Employer Na            | me and Address Type of Bu | siness Occupation                            | <u>'Title P</u> | eriod of Employment                                  |
|                        | - STOCK EXCLANGE          |                                              | + COO           | 1996-2003                                            |
| <u>11 Wan</u>          | - Se NY, NY. 10007        | ·                                            |                 |                                                      |
|                        |                           |                                              |                 | nent agency in Florida?<br>e employing agency, and t |
|                        | of employment, and rea    |                                              |                 | e employing agency, and t                            |
| Position               | E                         | mploying Agency                              |                 | Period of Employment                                 |
| appointment<br>Hove Le | NT. ATURED TRUCHT AT      | NEALLY LOO UNIVER                            | stres 4         | story that qualify you for th                        |
|                        |                           | NIC POULSORY BOA                             |                 |                                                      |
|                        |                           |                                              |                 | ·                                                    |
|                        |                           | professional certifications appointment? Yes |                 | ignation(s) including award<br>"Yes", list:          |
|                        |                           |                                              |                 |                                                      |
|                        |                           |                                              |                 |                                                      |
|                        |                           |                                              |                 |                                                      |

| appointment:<br>Boand + Tru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FASURER - FR                                                                                                                                                                                                                                                                                                                  | LED to range                                                                                                                                                                           | 000 Abri FARK                                                                                                                                            | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
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| PART VOLTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | + TREAS - Fr                                                                                                                                                                                                                                                                                                                  | - BERNARD'S EPIS                                                                                                                                                                       | CAURCH -                                                                                                                                                 | BERNARDEUILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | JV.                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        | TREATMENT ORE                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               | e or position (app                                                                                                                                                                     | ointive, civil servi<br>s″, please list:                                                                                                                 | ice, or other) wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ith the Fede                                                   |
| If "Yes", state t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | he office title, da                                                                                                                                                                                                                                                                                                           | te of election or ap                                                                                                                                                                   | public office in th<br>pointment, term o                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
| government (ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ty, county, distri                                                                                                                                                                                                                                                                                                            | ict or state):                                                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |
| Office Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Elect                                                                                                                                                                                                                                                                                                                 | <u>ion or Appointment</u>                                                                                                                                                              | Term of Office                                                                                                                                           | e <u>Leve</u> l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>l of Governme</u>                                           |
| A. How freque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ently were meeti                                                                                                                                                                                                                                                                                                              | ngs scheduled?                                                                                                                                                                         | mmittee(s) or cour                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tings attend                                                   |
| A. How freque<br>B. If you miss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ently were meeti<br>ed any of the reg<br>ssed, and the rea                                                                                                                                                                                                                                                                    | ngs scheduled?                                                                                                                                                                         | neetings, state the<br>(s).                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                              |
| <ul> <li>A. How freque</li> <li>B. If you missinumber missinumber missing</li> <li>Meetings Attended</li> <l< th=""><th>ently were meeting<br/>ed any of the reg<br/>ssed, and the rea<br/><u>inded</u><br/>served on any p<br/>the title, date of</th><th>ngs scheduled?<br/>ularly scheduled r<br/>son(s) for absence<br/><u>Meetings N</u></th><th>neetings, state the<br/>(s).</th><th>number of mee Reason for Abse</th><th><u>ence</u></th></l<></ul> | ently were meeting<br>ed any of the reg<br>ssed, and the rea<br><u>inded</u><br>served on any p<br>the title, date of                                                                                                                                                                                                         | ngs scheduled?<br>ularly scheduled r<br>son(s) for absence<br><u>Meetings N</u>                                                                                                        | neetings, state the<br>(s).                                                                                                                              | number of mee Reason for Abse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>ence</u>                                                    |
| A. How freque<br>B. If you miss<br>number mis<br><u>Meetings Atte</u><br>Have you ever<br>If "Yes", state<br>your involveme<br>Sec<br>Have you ever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ently were meeting<br>ed any of the reg<br>ssed, and the rea<br><u>inded</u><br>served on any p<br>the title, date of<br>ent.<br><u>ATTROMED</u>                                                                                                                                                                              | ngs scheduled?<br>ularly scheduled r<br>son(s) for absence<br><u>Meetings M</u><br>rofit or not-for-pr<br>appointment, len                                                             | neetings, state the<br>(s).<br><u>Aissed</u><br>ofit board? Yes 2                                                                                        | number of mee Reason for Abse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ence<br>ief descripti                                          |
| A. How freque<br>B. If you miss<br>number mis<br><u>Meetings Atte</u><br>Have you ever<br>If "Yes", state<br>your involveme<br>See<br>Have you ever<br>entity? Yes X<br>provide a brief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ently were meeting<br>and any of the reg<br>ssed, and the rea<br><u>inded</u><br>served on any p<br>the title, date of<br>ent.<br>ATTRANCE Land<br>been responsi<br>No [] If "Yes<br>description of yo                                                                                                                        | ngs scheduled?<br>ularly scheduled?<br>son(s) for absenced<br><u>Meetings M</u><br>rofit or not-for-pro-<br>appointment, len                                                           | neetings, state the<br>(s).<br><u>Aissed</u><br>ofit board? Yes<br>gth of service, and<br>gth of service, and<br>ole in managing<br>of the business, the | number of mee Reason for Abse Reason for Abse No No number of mee a business or dates of your in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ence<br>ief descripti<br>other corp                            |
| A. How freque<br>B. If you miss<br>number mis<br><u>Meetings Atte</u><br>Have you ever<br>If "Yes", state<br>your involveme<br>See<br>Have you ever<br>entity? Yes X<br>provide a brief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ently were meeting<br>and any of the reg<br>ssed, and the rea<br><u>inded</u><br>served on any p<br>the title, date of<br>ent.<br>ATTRANCE Land<br>been responsi<br>No [] If "Yes<br>description of yo                                                                                                                        | ngs scheduled?<br>ularly scheduled?<br>son(s) for absenced<br><u>Meetings M</u><br>rofit or not-for-pro-<br>appointment, len                                                           | neetings, state the<br>(s).<br><u>Aissed</u><br>ofit board? Yes<br>gth of service, and<br>gth of service, and<br>ole in managing<br>of the business, the | number of mee Reason for Abse Reason for Abse No No number of mee a business or dates of your in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ence<br>ief descript<br>other corp                             |
| A. How freque<br>B. If you miss<br>number mis<br><u>Meetings Atte</u><br>Have you ever<br>If "Yes", state<br>your involvementity? Yes X<br>provide a brief<br>CHALLOW (COMPANY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | served on any p<br>the title, date of<br>ent.<br>ATTROMOD<br>the title, date of<br>ent.<br>ATTROMOD<br>the served on any p<br>the title, date of<br>ent.<br>ATTROMOD<br>the served on any p<br>the title, date of<br>ent.<br>ATTROMOD<br>the served on any p<br>the title, date of<br>ent.<br>ATTROMOD<br>the served on any p | ngs scheduled?<br>ularly scheduled?<br>son(s) for absenced<br><u>Meetings M</u><br>rofit or not-for-pr<br>appointment, len<br>spointment, len<br>state the name of<br>our involvement. | neetings, state the<br>(s).<br><u>Aissed</u><br>ofit board? Yes<br>gth of service, and<br>role in managing                                               | number of mee         Reason for Abse         Reason for Abse         Image: Abse transmission of the stress of the s | ence<br>ief descripti<br>other corp<br>nvolvemen<br>/ 920 - 90 |

Page 4

|   |                                                                 | CO-CHANGED DEVELOPMENT AT HOLLING UNIV                                                                                |
|---|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|   |                                                                 | Q UNIN OF REQUISED. LECTURED EFTENSIVELY                                                                              |
| • | and academic well-being of the univ                             | DARDS IS PARAMOUNT. NO COULDE CAN EXIST WITH<br>ENGTH OF TIME. HAVE SPENT IN EXCESS OF 15 YEARS                       |
| • | -                                                               | nd that you were in violation of Part III, Chapter 112, F.S., the<br>nd Employees? Yes 🗌 No 🔀 If "Yes", give details: |
|   | <u>Date</u> <u>Nati</u>                                         | ure of Violation Disposition                                                                                          |
|   |                                                                 |                                                                                                                       |
|   |                                                                 |                                                                                                                       |
|   | Have you ever been suspended from<br>Yes 🛄 No 🟹 If "Yes", list: | n any office by the Governor of the State of Florida?                                                                 |
|   | Title of Office                                                 | Reason for Suspension:                                                                                                |
|   | Date of suspension:                                             | Result: Reinstated Removed Resigned                                                                                   |
|   |                                                                 | ted to any office that required confirmation by the Florida                                                           |
|   | Title of Office:                                                |                                                                                                                       |
|   | Term of Appointment:                                            |                                                                                                                       |
|   |                                                                 |                                                                                                                       |
|   |                                                                 | ty, surety, performance, or other bond? Yes 🗌 No 🔀                                                                    |
|   |                                                                 |                                                                                                                       |
|   |                                                                 |                                                                                                                       |
|   |                                                                 |                                                                                                                       |
|   |                                                                 |                                                                                                                       |
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|   |                                                                 |                                                                                                                       |
|   |                                                                 |                                                                                                                       |
|   |                                                                 | Board of Governors Pa                                                                                                 |

| License/Certificate<br>Title & Number                                                                                                                                                               | Original Issue Date                                                                                                                                                                                                             | Issuing Authority                                                                                                                                                                                                                                                         | Disciplinary Action/Date                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                      |
|                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                      |
| contractual or othe<br>governmental agend                                                                                                                                                           | er direct dealings duri                                                                                                                                                                                                         | ng the last four (4)<br>the university to wh                                                                                                                                                                                                                              | officer, or employee, held a<br>years with any state or lo<br>ich you have been appointed                            |
| Name of Business                                                                                                                                                                                    | Your Relationship to B                                                                                                                                                                                                          | Business                                                                                                                                                                                                                                                                  | Business' Relationship to University                                                                                 |
|                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |                                                                                                                      |
|                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           | nt(s), sibling(s)), or business<br>, officers, or employees, held                                                    |
| which members of<br>contractual or othe<br>governmental agene                                                                                                                                       | your immediate family<br>er direct dealings duri<br>cy in Florida, including<br>iment? Yes 🗌 No 🔀                                                                                                                               | y have been owners,<br>ing the last four (4<br>; the university to w<br>If "Yes", explain:                                                                                                                                                                                | , officers, or employees, held<br>) years with any state or<br>hich you have been appointe                           |
| which members of<br>contractual or othe<br>governmental agene                                                                                                                                       | your immediate family<br>er direct dealings duri<br>cy in Florida, including                                                                                                                                                    | y have been owners,<br>ing the last four (4<br>; the university to w                                                                                                                                                                                                      | , officers, or employees, held<br>) years with any state or<br>hich you have been appointe<br>Business' Relationship |
| which members of<br>contractual or othe<br>governmental agene<br>are seeking appoint<br><u>Name of Business</u>                                                                                     | your immediate family<br>er direct dealings duri<br>cy in Florida, including<br>iment? Yes No X 1<br>Family Member's<br><u>Relationship to you</u>                                                                              | y have been owners,<br>ing the last four (4<br>5 the university to w<br>If "Yes", explain:<br>Family Member's<br><u>Relationship to Business</u>                                                                                                                          | , officers, or employees, held<br>) years with any state or<br>hich you have been appointe<br>Business' Relationship |
| which members of<br>contractual or othe<br>governmental agene<br>are seeking appoint<br><u>Name of Business</u><br>Have you ever been<br>time during the past<br>A. Did you receive a               | your immediate family<br>er direct dealings duri<br>cy in Florida, including<br>iment? Yes No X 1<br>Family Member's<br><u>Relationship to you</u><br>n a registered lobbyist o<br>t five years? Yes N                          | y have been owners,<br>ing the last four (4<br>the university to w<br>If "Yes", explain:<br>Family Member's<br>Relationship to Business<br>Relationship to Business<br>or have you lobbied a<br>to 'A' If "Yes", explait<br>than reimbursement                            | at any level of government at<br>in:<br>for expenses? Yes No                                                         |
| which members of<br>contractual or othe<br>governmental agene<br>are seeking appoint<br><u>Name of Business</u><br>Have you ever been<br>time during the past<br>A. Did you receive a               | your immediate family<br>er direct dealings duri<br>cy in Florida, including<br>iment? Yes No X I<br>Family Member's<br><u>Relationship to you</u><br>a registered lobbyist of<br>t five years? Yes N<br>any compensation other | y have been owners,<br>ing the last four (4<br>the university to w<br>If "Yes", explain:<br>Family Member's<br>Relationship to Business<br>Relationship to Business<br>or have you lobbied a<br>to 'A' If "Yes", explait<br>than reimbursement<br>d the principals you to | at any level of government at<br>in:<br>for expenses? Yes No                                                         |
| which members of<br>contractual or othe<br>governmental agend<br>are seeking appoint<br>Name of Business<br>Have you ever been<br>time during the past<br>A. Did you receive a<br>B. Name of agency | your immediate family<br>er direct dealings duri<br>cy in Florida, including<br>iment? Yes No X I<br>Family Member's<br><u>Relationship to you</u><br>a registered lobbyist of<br>t five years? Yes N<br>any compensation other | y have been owners,<br>ing the last four (4<br>the university to w<br>If "Yes", explain:<br>Family Member's<br>Relationship to Business<br>Relationship to Business<br>or have you lobbied a<br>to 'A' If "Yes", explait<br>than reimbursement<br>d the principals you to | at any level of government at<br>in:<br>for expenses? Yes No represented:                                            |

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.

| Pages.      | Name<br>NANCY O GRAY -                                    |                                                  | g Address                                           | Zip Code<br>2 Yozo                         |                                                              | Area Code/Telephone<br>540-362-632                                                                         |                                        |
|-------------|-----------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------|
|             | KENNETH RUSCIO -                                          |                                                  |                                                     |                                            | 24450                                                        | 540-458-870                                                                                                |                                        |
|             | Jow D Morean -                                            |                                                  |                                                     |                                            | · · · · · · · · · · · · · · · · · · ·                        | 859-296-469                                                                                                |                                        |
| /           | ·····                                                     | 421 N BROK                                       | owny Lexing                                         | TON, KY Y                                  | osur-                                                        |                                                                                                            | ······································ |
| 39.         | Name any busin                                            |                                                  |                                                     | •                                          |                                                              | organization(s) of                                                                                         | which you                              |
|             | are now a mem                                             | ber, or of whi                                   | ch you have i                                       | been a me                                  | mber during                                                  | the past five (5)                                                                                          |                                        |
|             | organization add                                          | lress(es), and d                                 | late(s) of your                                     | membersh                                   | ip(s).                                                       |                                                                                                            |                                        |
|             | Name                                                      |                                                  | <u>g Address</u>                                    |                                            | ffice(s) Held & T                                            |                                                                                                            |                                        |
|             | OMIGRON DELTA IC                                          |                                                  |                                                     |                                            |                                                              | 2005 Four Dogio 2'06-1                                                                                     |                                        |
| Fi          | romos of Desore n                                         | Jon Park                                         | BRADENTON, F                                        | L 34209                                    | TREAN                                                        | <u>ecr '08 -10</u>                                                                                         | - 2004 on                              |
|             |                                                           |                                                  |                                                     |                                            |                                                              |                                                                                                            |                                        |
| 40.         |                                                           |                                                  |                                                     |                                            |                                                              | end fully the du<br>↓ If "yes", explain                                                                    |                                        |
| 41.         | that, to your kno<br>during the time t<br>Yes No 🔀        | wledge, in pr<br>hat you belon<br>If "yes", deta | actice or in po<br>ged, on the bas<br>il the name a | licy, restric<br>sis of race,<br>nd nature | t <mark>s membersh</mark><br>religion, nati<br>of the organi | r of any club or or<br>ip or restricted m<br>onal origin or gen<br>zation, relevant p<br>f appointed by th | embership<br>der?<br>olicies and       |
| <b>42</b> . | Have you ever b<br>action based upo<br>provide details of | on discriminat                                   |                                                     |                                            |                                                              | nity complaint o<br>lo 🔀 If "yes", e                                                                       |                                        |
| 43.         | Are there any per<br>you are the plain                    |                                                  |                                                     |                                            |                                                              |                                                                                                            | t in which                             |
|             |                                                           |                                                  | ·                                                   |                                            |                                                              | Board of Governors                                                                                         | Page 7                                 |

Board of Trustees Application

|     | 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 X 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. |
|     |                                                                                                                                                                                                                                                  |

Page 8

# STATE OF FLORIDA, COUNTY OF SUSSEY

Before me, the undersigned authority, personally appeared  $\underbrace{Will(amR,Johnston)}_{interval}$  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 day of

(signature of notary

(typed, printed or stamped name) Notary Public Commission No.: My Commission Expires:

Delic \_\_ OR Produced Identification \_\_ to me Personally Known Clistoner of Bank De Lic Type of Identification Produced

CARYN H. DUNCAM NOTARY PUBLIC STATE OF DELAWARE W Commission Expires Dec. 29, 2011

200% by Canyon H. Dunca

#### **MEMORANDUM**

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

> Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

### IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

Vikki R. Shirley General Counsel Board of Governors State University System of Florida 325 W. Gaines Street, Suite 1614 Tallahassee, FL 32399-0400 (850) 245-0466

> Board of Governors Page 10 Board of Trustees Application

#### Attachment and answer to Question 26 from the application for Board of Trustee Position for William R Johnston

#### Non profits-medical

Cancer Research & Treatment Organization: joined in the early 1980's and served until the mid 1990's. Was President for 5-6 years and spent most of my time raising funds to combat cancer.

Floor Member Outreach: in the 90's dealing with addiction issues.

#### Non-profits-business

National Organization of Investment Professional: was a board member in the early 1990's and helped run seminars to educate young people in the ethics of business.

Securities Industry Association: a board member in the late 1980's and helped the New York Stock Exchange advance educational programs.

Security Traders of NY: board member in the early 1990's and involved in trading seminars.

#### Non-profits-outreach

St Bernard's Church: a vestry member and treasurer in the early 1980's helping church raise funds and balance their budget.

Homeless Solutions: board and treasurer 2002-2008. Dealing with the problems of the homeless.

Plymouth Harbor (a continuing care retirement community in Sarasota): board member helping raise funds (2007 to the present).

Friends of DeSoto Nat'l Park: 6 of us recently created this 501c-3 in 2008 to promote the park and raise awareness of its programs.

#### Non-profits-education

Washington & Lee University: Business School (1988-1992) and Board of Trustees (1993-1998) to help raise funds and teach at the "B" school.

Hollins University: Board member 2003-2009, Audit Committee Chair and co-Chair of Development. I taught and raised money.

Business school advisory boards: Washington & Lee, Lubin School of Business at Pace Univ., Goizueta Business School at Emory Univ. and Jepson School of Leadership at the Univ. of Richmond.

Omciron Delta Kappa: a national leadership organization (2002 until present and President since 2006. Promotes college leaders to go into their communities and do charitable work.

#### Profits

Farmington National Bank: board member and compensation committee in the early 1980's.

New York Stock Exchange: Director from 1992-2001, Vice Chairman 1995/6, President & COO of the NYSE from 1996 until the end of 2001. I stayed on as an advisor until the end of 2003 dealing with my replacement as well as soliciting companies to list on the exchange.