

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762512

FILED
Feb 26, 2009
Secretary of State

Entity Name: MAURY SELDIN ADVANCED STUDIES INSTITUTE, INC.

Current Principal Place of Business:

THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
N. PALM BEACH, FL 334084424

New Mailing Address:

FEI Number: 52-1263342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOHUE, RON M
760 US HWY ONE, STE. 300
NORTH PALM BEACH, FL 334084420 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: FISHER, JEFFREY D
Address: 3310 GOSPORT CT
City-St-Zip: BLOOMINGTON, IN 47401

Title: D () Delete
Name: SELDIN, MAURY,
Address: 4737 ROYAL PALM CIRCLE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: DSVP () Delete
Name: NORMAN, MILLER
Address: 1624 MALDEN ST.
City-St-Zip: SAN DIEGO, CA 92109

Title: DCP () Delete
Name: RACSTER, RONALD,
Address: 1441C CLIFF COURT
City-St-Zip: COLUMBUS, OH 43204

Title: DSVP () Delete
Name: MILLER, NORMAN G
Address: 5740 EAGLESRIDGE LANE
City-St-Zip: CINCINNATI, OH 45230

Title: AT () Delete
Name: DONOHUE, RON M
Address: 6372 143RD ST
City-St-Zip: PALM BEACH, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAT (X) Change () Addition
Name: HOWARD, THOMAS L ESQ.
Address: 601 13TH ST NW, STE. 1000 SOUTH
City-St-Zip: WASHINGTON, DC 200053807

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON M DONOHUE

AT

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date