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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 823274 (6)

1. Corporation Name

COLLEGE ENTRANCE EXAMINATION BOARD

Principal Place of Business

45 COLUMBUS AVENUE
NEW YORK NY 10026-6992

Mailing Address

45 COLUMBUS AVENUE
NEW YORK NY 10023-69173. Date Incorporated or Qualified
09/18/19693a. Date of Last Report
04/30/1996

4. FEI Number

13-1623965

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

AUSLEY, AUSLY, MCMILLAN, MCGHEE, & CRTHRS
WASHINGTON SQ BLDG
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME BARKER, CAROL M.
STREET ADDRESS 800 W END AVE. #15H
CITY-ST-ZIP NEW YORK NYTITLE PT ☐ DELETE
NAME STEWART, DONALD M.
STREET ADDRESS 45 COLUMBUS AVENUE
CITY-ST-ZIP NEW YORK NYTITLE V ☐ DELETE
NAME RODGERS, KENNETH W.
STREET ADDRESS 20 BROOKLINE RD.
CITY-ST-ZIP SCARSDALE, NY.TITLE VT ☐ DELETE
NAME KENNETH B. BROWN
STREET ADDRESS 45 COLUMBUS AVENUE
CITY-ST-ZIP NEW YORK NYTITLE T ☒ DELETE
NAME STANLEY, PETER W.
STREET ADDRESS 550 N COLLEGE AVE
CITY-ST-ZIP CLAREMONT CATITLE T ☐ DELETE
NAME KIESLER, CHARLES A
STREET ADDRESS 105 JESSE HALL
CITY-ST-ZIP COLOMBIA MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE T ☒ Change ☐ Addition
5.2 NAME Thomas W. Payzant
5.3 STREET ADDRESS 25 Court Street
5.4 CITY-ST-ZIP Boston, MA 021086.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the simplified filing procedure under s. 617.0503(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 file this report under Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075122

CR2E037 (9/96)