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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ASSOCIATION OF COLLEGE AND UNIVERSITY PRINTERS, INC.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JENNIFER BOWERS
Name of Person

ASSOC OF COLLEGE AND UNIV PRINTERS INC
Firm/Company

PO BOX 285
Address

CARRABELLE FL 32322
City/State and Zip Code

jennifer.bowers@acup-edu.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE COMPTON CPA at (303) 980-6232
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. ASSOCIATION OF COLLEGE AND UNIVERSITY PRINTERS, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. COLORADO 3. 27-3528076
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-22-10 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 510 TALLAHASSEE ST CARRABELLE FL 32322
(Principal office address)

P.O. BOX 285 CARRABELLE FL 32322
(Current mailing address)

8. NON PROFIT ORG SERVING HIGHER EDUCATION ADMINISTRATORS OF UNIVERSITY & COLLEGE PRINTING, MAILING, & RELATED OPERATION.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LISA HOOVER

Office Address: 510 TALLAHASSEE ST
CARRABELLE, Florida 32322
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lisa Hoover
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

SEE ATTACHED

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Lisa Hoover*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LISA HOOVER, PRESIDENT
(Typed or printed name and capacity of person signing application)

SIGN HERE
↓



PO Box 285
Carrabelle, FL 32322
850-510-2381

www.acup-edu.org

**Association of College and University Printers
Board of Directors - As of April 24, 2012**

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TALLAHASSEE, FLORIDA

Stephen Amitrano; Manager, Print & Mail Services
Burlington County College
601 Pemberton Browns Mills Road, Pemberton, NJ 08068
samitran@bcc.edu

Jennifer Bowers; Administrative Director
Association of College and University Printers
PO Box 285, Carrabelle, FL 32322
jennifer.bowers@acup-edu.org

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Massachusetts Institute of Technology
77 Massachusetts Ave. Bldg 3-011, Cambridge, MA 02139
sdimond@mit.edu

Richard Griffin; Director, Campus Printing
Central Piedmont Community College
PO Box 35009, Charlotte, NC 28235
Richard.Griffin@CPCC.edu

Lisa Hoover; President, ACUP 2012; Director, Office of Publications, Print & Mail
Bucknell University
One Dent Drive, Lewisburg, PA 17857
lhoover@bucknell.edu

Maurice Kane; Director, Duplicating Services
Temple University
Suite 209, 1700 N. Broad St., Philadelphia PA 19122
Maurice.Kane@Temple.edu

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

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TALLAHASSEE, FLORIDA

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Association of College and University Printers, Inc.

is a **Nonprofit Corporation** formed or registered on 09/22/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101526466.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/27/2012 that have been posted, and by documents delivered to this office electronically through 06/28/2012 @ 11:38:15.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/28/2012 @ 11:38:15 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8280917.



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."