

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006642

1. Entity Name

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90184 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1204 DODGE RD BERLIN  
 PO BOX 1249  
 MONTELIER VT 05601-1249

1204 DODGE RD BERLIN  
 PO BOX 1249  
 MONTELIER VT 05601-1249

2. Principal Place of Business

3. Mailing Address

2096 AIRPORT ROAD

2096 AIRPORT ROAD

Suite, Apt. #, etc.  
 P.O. BOX 1249

Suite, Apt. #, etc.  
 P.O. BOX 1249

City & State

City & State

MONTELIER VT 05601-1249

MONTELIER VT 05601-1249

4. FEI Number

03-0284103

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip  
 05601-1249

Country

WASHINGTON

Zip

05601-1249

Country

WASHINGTON



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

8. 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

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **STEP STRAUSS, ROGER PHD**  
 STREET ADDRESS **RT 100**  
 CITY-ST-ZIP **MORETOWN VT 05660**

TITLE  Change  Addition  
 NAME **DIRECTOR ALVEAN CAPLE**  
 STREET ADDRESS **5502 Winner Avenue**  
 CITY-ST-ZIP **Baltimore MD 21117**

TITLE  Delete  
 NAME **DEV LUSSIER, ELAINE J**  
 STREET ADDRESS **153 VINE ST / BERLIN**  
 CITY-ST-ZIP **BARRE VT 05641**

TITLE  Change  Addition  
 NAME **Director ANN FORTIER**  
 STREET ADDRESS **41 Wildersburg Common**  
 CITY-ST-ZIP **Barre VT 05641**

TITLE  Delete  
 NAME **VP KELLY, KIM**  
 STREET ADDRESS **20 TATER ST**  
 CITY-ST-ZIP **MONT VERNON NH 03057**

TITLE  Change  Addition  
 NAME **Director Lindel James**  
 STREET ADDRESS **9 Derby Drive**  
 CITY-ST-ZIP **Montpelier VT 05602**

TITLE  Delete  
 NAME **VP DURHAM, GEORGE**  
 STREET ADDRESS **20 TATER ST**  
 CITY-ST-ZIP **MONT VERNON NH 03057**

TITLE  Change  Addition  
 NAME **Director Lawrence Dodge**  
 STREET ADDRESS **P.O. Box 247**  
 CITY-ST-ZIP **East Montpelier VT 05651**

TITLE  Delete  
 NAME **P SCHAARSCHMIDT, MARI**  
 STREET ADDRESS **TOWNE HILL ROAD**  
 CITY-ST-ZIP **MONTELIER VT 05602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V RIVERS, JAMES**  
 STREET ADDRESS **TOWNE HILL ROAD**  
 CITY-ST-ZIP **MONTELIER VT 05602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine J. Lussier*, Executive Vice President/Director 1/25/00 (802)229-9515  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)