

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90181 001 ****61.25

DOCUMENT # F98000006642

1. Entity Name

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

Principal Place of Business

2096 AIRPORT RD
 PO BOX 1249
 MONTELIER VT 05601-1249

Mailing Address

2096 AIRPORT RD
 PO BOX 1249
 MONTELIER VT 05601-1249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0284103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS **130 West Shore Drive**
 CITY-ST-ZIP **Groton VT 05046**

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:

Roger Strauss **ROGER STRAUSS** **Roger Strauss** 1/08/02 1-802-229-9515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)