

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90024 037 ****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
 2096 Airport Road-Berlin

3. Mailing Address
 Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State
 Barre VT

City & State
 Montpelier

Zip
 05641

Country
 USA

4. FEI Number
 03-0284103

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STEP	NAME STRAUSS, ROGER PHD STREET ADDRESS RT 100 CITY-ST-ZIP MORETOWN, VT 05660	TITLE Director	NAME Michael Curtis STREET ADDRESS 88 Davy Road CITY-ST-ZIP Montpelier VT 05602
TITLE DEV	NAME LUSSIER, ELAINE J STREET ADDRESS 153 VINE ST / BERLIN CITY-ST-ZIP BARRE, VT 05641	TITLE Alveah Caple	NAME 550-2 Winner Avenue STREET ADDRESS Baltimore MD 21215-4745
TITLE VP	NAME KELLY, KIM STREET ADDRESS 20 TATER ST CITY-ST-ZIP MONT VERNON, NH 03057	TITLE Lawrence Dodge	NAME P.O. Box 247 STREET ADDRESS East Montpelier VT 05651
TITLE VP	NAME DURHAM, GEORGE STREET ADDRESS 20 TATER ST CITY-ST-ZIP MONT VERNON, NH 03057	TITLE Ann Fortier	NAME 41 Wildersburg Common STREET ADDRESS Barre, VT 05641
TITLE P	NAME SCHAARSCHMIDT, MARI STREET ADDRESS 130 WEST SHORE DRIVE CITY-ST-ZIP MONTELIER, VT 05602	TITLE Kathleen Wilson	NAME 35 Barnes Road STREET ADDRESS Montpelier VT 05602
TITLE V	NAME RIVERS, JAMES STREET ADDRESS TOWNE HILL ROAD CITY-ST-ZIP MONTELIER, VT 05602	TITLE 	NAME

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: Ben Strauss Roger Strauss Executive President (802) 229-9515
 Date: 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR