

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90062 040 \*\*\*\*61.25



DOCUMENT # F98000006642  
 1. Entity Name  
 THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

Principal Place of Business  
 2096 AIRPORT RD-BERLIN  
 BARRE, VT 05641

Mailing Address  
 2096 AIRPORT RD  
 PO BOX 1249  
 MONTPELIER, VT 05601-1249

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State  
 Zip Country

01222007 Chg-NP CR2E037 (12/06)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE NAME	STEP STRAUSS, ROGER PHD	<input type="checkbox"/> Delete
STREET ADDRESS	RT 100	
CITY-ST-ZIP	MORETOWN, VT 05660	
TITLE NAME	DEV LUSSIER, ELAINE J	<input type="checkbox"/> Delete
STREET ADDRESS	278 VINE ST -BERLIN	
CITY-ST-ZIP	BARRE, VT 05641	
TITLE NAME	VP KELLY, KIM	<input type="checkbox"/> Delete
STREET ADDRESS	20 TATER ST	
CITY-ST-ZIP	MONT VERNON, NH 03057	
TITLE NAME	VP DURHAM, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	20 TATER ST	
CITY-ST-ZIP	MONT VERNON, NH 03057	
TITLE NAME	P SCHAARSCHMIDT, MARI	<input type="checkbox"/> Delete
STREET ADDRESS	130 WEST SHORE DRIVE	
CITY-ST-ZIP	GROTON, VT 05046	
TITLE NAME	V RIVERS, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	TOWNE HILL ROAD	
CITY-ST-ZIP	MONTPELIER, VT 05602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	→ 909 Rt 100B	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	802 Towne Hill Road	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/23/07 802-229-9515  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #