


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000006642 1. Entity Name THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.	
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Principal Place of Business 2096 AIRPORT RD-BERLIN BARRE, VT 05641	Mailing Address 2096 AIRPORT RD PO BOX 1249 MONTPELIER, VT 05601-1249
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01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0284103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEP STRAUSS, ROGER PHD 909 RT 100B MORETOWN, VT 05660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV LUSSIER, ELAINE J 278 VINE ST-BERLIN BARRE, VT 05641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, KIM 20 TATER ST MONT VERNON, NH 03057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURHAM, GEORGE 20 TATER ST MONT VERNON, NH 03057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAARSCHMIDT, MARI 130 WEST SHORE DRIVE GROTON, VT 05046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. RIVERS, JAMES 802 TOWNE HILL ROAD MONTPELIER, VT 05602

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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 2/5/08 (802) 229-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#
 EXECUTIVE PRESIDENT