

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2009
Secretary of State**

DOCUMENT# F98000006642

Entity Name: THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

Current Principal Place of Business:

2096 AIRPORT RD-BERLIN
BARRE, VT 05641

New Principal Place of Business:

Current Mailing Address:

2096 AIRPORT RD
PO BOX 1249
MONTPELIER, VT 056011249

New Mailing Address:

FEI Number: 03-0284103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STEP () Delete
Name: STRAUSS, ROGER PHD
Address: 909 RT 100B
City-St-Zip: MORETOWN, VT 05660

Title: DEV () Delete
Name: LUSSIER, ELAINE J
Address: 278 VINE ST -BERLIN
City-St-Zip: BARRE, VT 05641

Title: VP () Delete
Name: KELLY, KIM
Address: 20 TATER ST
City-St-Zip: MONT VERNON, NH 03057

Title: VP (X) Delete
Name: DURHAM, GEORGE
Address: 20 TATER ST
City-St-Zip: MONT VERNON, NH 03057

Title: P () Delete
Name: SCHAARSCHMIDT, MARI
Address: 130 WEST SHORE DRIVE
City-St-Zip: GROTON, VT 05046

Title: V () Delete
Name: RIVERS, JAMES
Address: 802 TOWNE HILL ROAD
City-St-Zip: MONTPELIER, VT 05602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER STRAUSS

STEP

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date