

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006642

FILED  
Feb 26, 2010  
Secretary of State

**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  
Name: STRAUSS, ROGER PHD  
Address: 909 RT 100B  
City-St-Zip: MORETOWN, VT 05660

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROGER STRAUSS, PH.D.

STEP

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date