

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006642

FILED
Jan 11, 2012
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: V
Name: CHATER, MICHAEL
Address: 999 TERRACE STREET
City-St-Zip: MONTPELIER, VT 05602

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

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

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, PHD

STEP

01/11/2012

Electronic Signature of Signing Officer or Director

Date