

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085839

FILED
Apr 23, 2012
Secretary of State

Entity Name: THE INSTITUTE FOR COLLEGE AND UNIVERSITY EXECUTIVES, LLC

Current Principal Place of Business:

DR. BRYAN E. CARLSON
5467 FOX HOLLOW DRIVE
NAPLES, FL 341045110

New Principal Place of Business:

Current Mailing Address:

COLLEGIATE ENTERPRISE SOLUTIONS, LLC
3 CENTENNIAL DRIVE
PEABODY, MA 01960

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARLSON, BRYAN E DR.
5467 FOX HOLLOW DRIVE
NAPLES, FL 341045110 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CARLSON, BRYAN E
Address: 3 CENTENNIAL DRIVE
City-St-Zip: PEABODY, MA 01960

Title: MGRM
Name: GEE, ROBERT J
Address: 186 JONES ROAD
City-St-Zip: FALMOUTH, MA 02540

Title: MGRM
Name: MATTHEWS, GEORGE J
Address: 3 CENTENNIAL DRIVE
City-St-Zip: PEABODY, MA 01960

Title: MGR
Name: COLLEGIATE ENTERPRISE SOLUTIONS, LLC
Address: 3 CENTENNIAL DRIVE
City-St-Zip: PEABODY, MA 01960

Title: MGR
Name: THE NATIONAL GRADUATE SCHOOL OF QUALITY SY
Address: 186 JONES ROAD
City-St-Zip: FALMOUTH, MA 02540

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRYAN E. CARLSON

MGRM

04/23/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date