

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004112

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: ASSOCIATION OF COLLEGIATE SCHOOLS OF PLANNING, INC.

**Current Principal Place of Business:**

6311 MALLARD TRACE DR  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6311 MALLARD TRACE DR  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 54-2110263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DODD, DONNA  
6311 MALLARD TRACE DR  
TALLAHASSEE, FL 32312 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: SD ( ) Delete  
Name: POLLAK, PATRICIA  
Address: 250 MUR HALL  
City-St-Zip: ITHACA, NY 14853 US

Title: PD ( ) Delete  
Name: LAURIA, MICKEY  
Address: 236 HARDIN HALL  
City-St-Zip: CLEMSON, SC 29631 US

Title: VD ( ) Delete  
Name: HIBBARD, MICHAEL  
Address: 1209 UNIVERSITY OF OREGON  
City-St-Zip: EUGENE, OR 97403 US

Title: TD ( ) Delete  
Name: NOCKS, BARRY  
Address: PO BOX 340501  
City-St-Zip: CLEMSON, SC 29634 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: HOWLAND, MARIE  
Address: 1200 SCHOOL OF ARCHITECTURE  
City-St-Zip: COLLEGE PARK, MD 20742 US

Title: PD (X) Change ( ) Addition  
Name: HIBBARD, MICHAEL  
Address: 1209 UNIVERSITY OF OREGON  
City-St-Zip: EUGENE, OR 97403 US

Title: VD (X) Change ( ) Addition  
Name: CONTANT, CHERYL  
Address: GEORGIA INS. TECH COLLEGE OF ARCHITECTURE  
City-St-Zip: ATLANTA, GA 30332 US

Title: TD (X) Change ( ) Addition  
Name: NOCKS, BARRY  
Address: 124 LEE HALL, BOX 340511  
City-St-Zip: CLEMSON, SC 29634 US

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: BARRY NOCKS

TD

03/31/2008

Electronic Signature of Signing Officer or Director

Date