

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004112

FILED
Jan 07, 2010
Secretary of State

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

Current Principal Place of Business:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 US

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
Name: HOWLAND, MARIE
Address: 1200 SCHOOL OF ARCHITECTURE
City-St-Zip: COLLEGE PARK, MD 20742 US

Title: PD
Name: CONTANT, CHERYL
Address: 500 EAST 4TH STREET, 315 BEHMLER HALL
City-St-Zip: MORRIS, MN 56267 US

Title: VD
Name: CONNERLY, CHUCK
Address: UNIVERSITY OF IOWA
City-St-Zip: IOWA CITY, IA 52242 US

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

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: BARRY NOCKS

TD

01/07/2010

Electronic Signature of Signing Officer or Director

Date