

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004112

**FILED**  
**Jan 10, 2011**  
**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

01/10/2011

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

\_\_\_\_\_  
Date