05101999-90048-007-$61.25-$61.25

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90048 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

560860 - 90075 - 27

DOCUMENT # N21650

1. Corporation Name
SECTION ON ADMINISTRATION, APTA, INC.

Principal Place of Business	Mailing Address
1111 N FAIRFAX STREET ALEXANDRIA VA 22314-8436	1111 N FAIRFAX STREET ALEXANDRIA VA 22314-8436

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/30/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 34-1179218 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENVILLE, SUSAN A. 10330 SW 98TH STREET MIAMI FL 33716	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	STERNECK, JOY		1.2 NAME	Giffin, Ann D	
STREET ADDRESS	15644 CENTRUY LANE DR		1.3 STREET ADDRESS	UTMCK, Box 52	
CITY-ST-ZIP	CHESTERFIELD MO 63017		1.4 CITY-ST-ZIP	1924 Alcoa Highway Knoxville, TN 37920	
TITLE	DC	☐ DELETE	2.1 TITLE	Asst President	☒ Change ☐ Addition
NAME	POWERS, DAVID		2.2 NAME	David Powers D	
STREET ADDRESS	13585 CALLEPATRICIA		2.3 STREET ADDRESS	1583 Calle Patricia	
CITY-ST-ZIP	PACIFIC PALISHADES CA 90272		2.4 CITY-ST-ZIP	Pacific Palisades, CA 90272	
TITLE	VD	☒ DELETE	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	CAREY, CAROL		3.2 NAME	Cheryl Resnik D	
STREET ADDRESS	119 N ANCHERAGE DR		3.3 STREET ADDRESS	1070 S. Oakland Ave	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		3.4 CITY-ST-ZIP	Pasadena, CA 91106	
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SMITH, HELEN		4.2 NAME	Patty VanWagner D	
STREET ADDRESS	4374 HILLSIDE DRIVE		4.3 STREET ADDRESS	22710 126th Ave SE	
CITY-ST-ZIP	ANN ARBOR MI		4.4 CITY-ST-ZIP	Kent, WA 98031	
TITLE		☐ DELETE	5.1 TITLE	President	☐ Change ☒ Addition
NAME			5.2 NAME	Peter Kovacek D	
STREET ADDRESS			5.3 STREET ADDRESS	20225 Danbury Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Harper Woods, MI 48225	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Patty VanWagner 5/3/99 253 333-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #