2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 14, 2008 8:00 am Secretary of State

570-869-1021 Daytime Phone #

| DOCUMENT # P94000088782 1. Entity Name INTERNATIONAL ASSOCIATION OF COUNSELORS & THERAPISTS, INC. | | | | | | | | 01-14-2008 90088 045 ***150.00 | | | | |
|--|--|--|---------------------------|--|----------------------|--|--------------|--------------------------------|-----------------------|---------------|----------------|---------------------------------|
| Principal Place of Business RR 2 BOX 2468 LACEYVILLE, PA 18623 RR 2 BOX 2468 LACEYVILLE, PA 18623 | | | | | | | | • | - . | | | |
| 2. Principal Place of Business - No P.O. Box # RR 2 Bot 2468 Suite, Apt. #, etc. 3. Mailing Address RR-2 Bo Suite, Apt. #, etc. | | | | | | | 68 | 01092008 | Chg-P | | 034 (12/06) | |
| City & State LACEYVILLE PA | | | 1 | City & State ACE YUICH | PA | | 4. FEI Numbe | | | | oplied For | |
| Zip 1865 | | Country | | 186L3 | Cour | | | | of Status Desired | | \$8.75 Add | ot Applicable ditional ed |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| IAVELLE | III D | | | | | Name | | | | | | |
| LAVELLE, JILL R 10915 BONITA BEACH RD. S.E. #1101 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BONITA SPRINGS, FL 34135 | | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Cod | ie |
| 8. The above | named entitions of regist | y submits this statemer | nt for the p | ourpose of changing its | register | ed office or reg | gister | ed agent, or bo | th, in the State of F | orida. Lam | familiar with, | and accept |
| the obligat | ions or regisi | ered agent. | | | | | | | | | | |
| SIGNATURE_ | Signature, typed | or printed name of registered a | gent and title | d applicable (NGT | E: Registere | ed Agent signature re | en:wed | when reinstation) | | DATE | | |
| | | • | go-n and mid | (170) | c. riagistere | o ryon agnatico re | aqu. su | whom who said (sig) | | DATE | | |
| | | FEE IS \$150.00 8 Fee will be \$55 | 50.00 | Election Campa Trust Fund Conf | - | ncing | | 00 May Be ed to Fees | | | | |
| 10. | - | OFFICERS A | ND DIREC | CTORS | 11. | | | ADDITIONS/ | CHANGES TO OF | ICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OTTO, RO RR-2 BOX LACEYVII | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | I . | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | | | | | | ☐ Change | ☐ Addition |
| indicated of the cor. | on this report on the poration or the poration | e information supplied it or supplemental repo ne receiver or trustee e achorient with an addre | ort is true a mpowered | and accurate and that r d to execute this report | ny signa as requi | ture shall have | the s | ame legal effec | t as if made under | oath: that La | am an officer | or director |

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR