FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:58

DOCUMENT # 823274 (6)

1. Corporation Name
COLLEGE ENTRANCE EXAMINATION BOARD

Principal Place of Business	Mailing Address
45 COLUMBUS AVENUE NEW YORK NY 10026-6992	45 COLUMBUS AVENUE NEW YORK NY 10026-6992

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1969
3a. Date of Last Report: 03/02/1994
4. FEI Number: 13-1623965 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

AUSLEY,AUSLY,MCMILLAN,MCGHEE,&CRTHRS
WASHINGTON SQ BLDG
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	S	11 TITLE		☐ Change ☐ Addition
NAME	BARKER, CAROL M.	12 NAME		
STREET ADDRESS	900 W END AVE. #15H	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	Trustee	☐ Change ☑ Addition
NAME	STEWART, DONALD M.	22 NAME		
STREET ADDRESS	45 COLUMBUS AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	RODGERS, KENNETH W.	32 NAME		
STREET ADDRESS	20 BROOKLINE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE, NY.	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	KENNETH B. BROWN	42 NAME		
STREET ADDRESS	45 COLUMBUS AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE		51 TITLE	Trustee	☐ Change ☑ Addition
NAME		52 NAME	Peter W. Stanley	
STREET ADDRESS		53 STREET ADDRESS	550 North College Avenue	
CITY-ST-ZIP		54 CITY-ST-ZIP	Claremont, CA 91711	
TITLE		61 TITLE	Trustee	☐ Change ☑ Addition
NAME		62 NAME	Charles A. Kiesler	
STREET ADDRESS		63 STREET ADDRESS	105 Jesse Hall	
CITY-ST-ZIP		64 CITY-ST-ZIP	Columbia, MO 65211	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Kenneth B. Brown VP & Treasurer 4/24/95 212-713-8005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Telephone Number

0073130