

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 823274 (6)

1. Corporation Name

COLLEGE ENTRANCE EXAMINATION BOARD

Principal Place of Business

45 COLUMBUS AVENUE  
NEW YORK NY 10026-6992

Mailing Address

45 COLUMBUS AVENUE  
NEW YORK NY 10026-6992



3. Date Incorporated or Qualified  
09/18/1969

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-1623965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE  
NAME BARKER, CAROL M.  
STREET ADDRESS 900 W END AVE. #15H  
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PT ☐ DELETE  
NAME STEWART, DONALD M.  
STREET ADDRESS 45 COLUMBUS AVENUE  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME RODGERS, KENNETH W.  
STREET ADDRESS 20 BROOKLINE RD.  
CITY-ST-ZIP SCARSDALE, NY.

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VT ☐ DELETE  
NAME KENNETH B. BROWN  
STREET ADDRESS 45 COLUMBUS AVENUE  
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME STANLEY, PETER W.  
STREET ADDRESS 550 N COLLEGE AVE  
CITY-ST-ZIP CLAREMONT CA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME KIESLER, CHARLES A  
STREET ADDRESS 105 JESSE HALL  
CITY-ST-ZIP COLOMBIA MO

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

KENNETH B. BROWN

Vice President and Treasurer

Date

Daytime Phone #

CR2E037 (12/95)