Current Ma	iling Address:			
	ARD PARKWAY 9, VA 23226 US			
FEI Number: 59-6145666			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
ONE HALL OF	AL SWIMMING HALL OF FAME			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of F	Florida.
	d entity submits this statement for the purpose of changing its reg E: BRENT RUTEMILLER	istered office or regis	tered agent, or both, in the State of F	Florida. 02/02/2018
	, , , , , , , , , , , , , , , , , , , ,	istered office or regis	tered agent, or both, in the State of F	
SIGNATUR	E: BRENT RUTEMILLER	istered office or regis	tered agent, or both, in the State of F	02/02/2018
SIGNATUR	E: BRENT RUTEMILLER Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of F	02/02/2018
SIGNATUR Officer/Dire	E: BRENT RUTEMILLER Electronic Signature of Registered Agent			02/02/2018
SIGNATUR Officer/Dire	E: BRENT RUTEMILLER Electronic Signature of Registered Agent ector Detail : PRESIDENT	Title	SECRETARY	02/02/2018
SIGNATUR Officer/Dire Title Name	E: BRENT RUTEMILLER Electronic Signature of Registered Agent CCTO Detail : PRESIDENT TEETER, SUSAN 44 MAPLEWOOD AVENUE	Title Name	SECRETARY SCHRADER, BRIAN	02/02/2018
SIGNATUR Officer/Dire Title Name Address	E: BRENT RUTEMILLER Electronic Signature of Registered Agent CCTO Detail : PRESIDENT TEETER, SUSAN 44 MAPLEWOOD AVENUE	Title Name Address	SECRETARY SCHRADER, BRIAN 2201 EAST ASBURY AVE.	02/02/2018

Address

City-State-Zip:

4640 LEONARD PARKWAY RICHMOND, VA 23226

**Current Principal Place of Business:** 

## ..... \_ . . . .

INC.

Address

Title

Name

Address City-State-Zip:

City-State-Zip:

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: MATTHEW BARANY

4640 LEONARD PARKWAY

EXECUTIVE DIRECTOR, CEO

1585 WESLEYAN DRIVE, UNIT A

RICHMOND VA 23226

SHINOFIELD, JOEL

NORFOLK VA 23502

TREASURER

ALLEN FIELDHOUSE

1651 NAISMITH DRIVE

LAWRENCE KS 66045

02/02/2018

Electronic Signature of Signing Officer/Director Detail

Entity Name: COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA,

## FILED Feb 02, 2018 Secretary of State CC2972002145

Date