#### 2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002050

Entity Name: THE NEW TEACHER PROJECT, INC.

**FILED** Apr 10, 2017 **Secretary of State** CC1226543117

### **Current Principal Place of Business:**

186 JORALEMON STREET

SUITE 300

BROOKLYN, NY 11201

### **Current Mailing Address:**

**186 JORALEMON STREET** SUITE 300

BROOKLYN, NY 11201

FEI Number: 13-3850158

Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title **DIRECTOR** 

Name BELCHER, KAROLYN Name GLICKMAN, MATT

Address 186 JORALEMON STREET, SUITE 300 Address 186 JORALEMON STREET

SUITE 300

**BROOKLYN NY 11201 BROOKLYN NY 11201** City-State-Zip: City-State-Zip:

Title CEO, DIRECTOR Title EXECUTIVE VICE PRESIDENT

WEISBERG, DANIEL AVILA, LAYLA Name Name

186 JORALEMON STREET 186 JORALEMON STREET Address Address SUITE 300

SUITE 300

**BROOKLYN NY 11201 BROOKLYN NY 11201** City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

TERRELL, DIANE HAYES, MICHAEL Name Name

186 JORALEMON STREET 186 JORALEMON STREET Address Address

SUITE 300 SUITE 300

City-State-Zip: **BROOKLYN NY 11201** City-State-Zip: **BROOKLYN NY 11201** 

Title **DIRECTOR** Title **DIRECTOR** Name WALCOTT, DENNIS Name AVILA, LUIS

186 JORALEMON STREET 186 JORALEMON STREET Address Address

SUITE 300 SUITE 300

City-State-Zip: **BROOKLYN NY 11201** City-State-Zip: **BROOKLYN NY 11201** 

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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.

04/10/2017 SIGNATURE: FLORENCE CHAPIN SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title DIRECTOR

Name PASTOREK, PAUL

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR

Name HAYCOCK, KATI

Address 186 JORALEMON STREET SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR

Name TUHY, JENNIFER

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title EXECUTIVE VICE PRESIDENT

Name HARRIS, ANNE

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title VP

Name KEANE, DIANE

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR

Name MCGUIRE, C. KENT DR.
Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR
Name BIERLY, CHRIS

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR
Name HOWE, DAVID

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201

Title SECRETARY, GENERAL COUNSEL

Name CHAPIN, FLORENCE

Address 186 JORALEMON STREET

SUITE 300

City-State-Zip: BROOKLYN NY 11201