

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

DOCUMENT# F06000007076

**Entity Name:** MEASURED PROGRESS, INC.

**Current Principal Place of Business:**

100 EDUCATION WAY  
DOVER, NH 03820

**Current Mailing Address:**

PO BOX 1217  
DOVER, NH 03821 US

**FEI Number:** 31-1668672

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 :**

Title DIRECTOR  
Name CATON, DANIEL  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title PRESIDENT, DIRECTOR  
Name BORG, MARTIN  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title DIRECTOR  
Name COWE, KAREN  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title DIRECTOR  
Name ELGART, MARK  
Address 9115 WESTSIDE PARKWAY  
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR, VP  
Name SWARTZ, RICHARD  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title FOUNDING PRINCIPAL & DIRECTOR  
Name KAHL, STUART  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title CFO  
Name CRAIG, SHELLY  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title DIRECTOR  
Name LOOMER, TIM  
Address 928 BOLENDER DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

**Continues on page 2**

*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:** SHELLY CRAIG

**CFO**

**03/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            RAMSEY, PAUL DR.  
Address        500 W. 43 STREET  
                  APT. 30-F  
City-State-Zip: NEW YORK NY 10036