

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002647

Entity Name: ASSOCIATION OF CORPORATE CONTRIBUTIONS
PROFESSIONALS, CORPORATION**FILED**
Mar 01, 2019
Secretary of State
5294269034CC**Current Principal Place of Business:**1150 HUNGRYNECK BOULEVARD
C344
MOUNT PLEASANT, SC 29464**Current Mailing Address:**1150 HUNGRYNECK BOULEVARD
C344
MOUNT PLEASANT, SC 29464**FEI Number: 20-2426025****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 PRES
Name BERKOWITZ, CAROLYN
Address 225 E. ROBINSON ST.
130
City-State-Zip: ORLANDO FL 32801Title CHAIR
Name COY, LAURA
Address 222 WEST ADAMS STREET
14TH FLOOR
City-State-Zip: CHICAGO IL 60606Title VICE CHAIR
Name FOWLER, AMANDA
Address ONE EDWARDS WAY
City-State-Zip: IRVINE CA 92614Title TREASURER
Name GARRETT, EZRA
Address 1600 SEAPORT BLVD., SUITE 250
City-State-Zip: REDWOOD CITY CA 94063Title SECRETARY
Name BOGGS, ROBIN
Address 75 5TH ST NW STE 1100
City-State-Zip: ATLANTA GA 30308

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: CAROLYN BERKOWITZ**CEO****03/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date