

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001929

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC1160951950**

**Entity Name:** INSTITUTE FOR SUSTAINABLE COMMUNITIES CORPORATION

**Current Principal Place of Business:**

535 STONE CUTTERS WAY  
MONTPELIER, VT 05602

**Current Mailing Address:**

535 STONE CUTTERS WAY  
MONTPELIER, VT 05602

**FEI Number:** 22-3098727

**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 :**

Title           CHAIRMAN  
Name           PAISNER, RICHARD  
Address        21 QUINCY ST  
City-State-Zip: CHEVY CHASE MD 20815

Title           DIRECTOR  
Name           LUHR, RAMSEY  
Address        498 TOWN HILL ROAD  
City-State-Zip: MONTPELIER VT 05602

Title           PRESIDENT  
Name           HAMILTON, GEORGE  
Address        4640 HOLLISTER HILL RD  
City-State-Zip: MARSHFIELD VT 05648

Title           TREASURER  
Name           DOOLEY, JOHN JUSTICE  
Address        44 EAST TERRACE  
City-State-Zip: SOUTH BURLINGTON VT 05403

Title           FINANCE DIRECTOR  
Name           WASHBURN, MARY A  
Address        40 COBBLE HILL MEADOWS  
City-State-Zip: BARRE VT 05641

*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:** MARY WASHBURN

**FINANCE DIRECTOR**

**04/29/2016**

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

\_\_\_\_\_  
Date