

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002806

Entity Name: ALPHA EPSILON PI FRATERNITY, INC.

Current Principal Place of Business:

8815 WESLEYAN ROAD
INDIANAPOLIS, IN 46268

Current Mailing Address:

8815 WESLEYAN ROAD
INDIANAPOLIS, IN 46268 US

FEI Number: 43-0769468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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 SUPREME EXHEQUER, DIRECTOR
Name BROOK, JEREMY M
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

Title SUPREME SENTINEL, DIRECTOR
Name KIRSCHNER, DAVID J
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

Title CEO
Name DERDIGER, ROB
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

Title PAST SUPREME MASTER, DIRECTOR
Name OSHINS, JASON A.
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

Title SUPREME MASTER, DIRECTOR
Name KNAPP, SCOTT D.
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

Title SUPREME MASTER ELECT,
DIRECTOR
Name FARBMAN, ERIC I.
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

Title SUPREME SCRIBE, DIRECTOR
Name COHEN, ADAM F.
Address 8815 WESLEYAN ROAD
City-State-Zip: INDIANAPOLIS IN 46268

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: ROB DERDIGER

**CHIEF EXECUTIVE
OFFICER**

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date