2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State
02-25-2005 90148 021 ****61.25

DOCUMENT # 713021

1. Entity Name
NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF CAREER AND TECHNICAL EDUCATION, INC.

Principal Place of Business	Mailing Address
PO BOX 5006 ATTN JOHN W HOLSTEIN SUN CITY CENTER, FL 33571-5006 US	PO BOX 5006 ATTN JOHN W HOLSTEIN SUN CITY CENTER, FL 33571-5006 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 201106	P.O. Box 201106
Suite, Apt. #, etc. Attn: Thomas Applegate	Suite, Apt. #, etc. Attn: Thomas Applegate
City & State Austin, TX	City & State Austin, TX
Zip / Country 78720-1106 / USA	Zip / Country 78720-1106 / USA

4. FEI Number 59-6178162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHASTAIN, KAYE
ORLANDO TECH
301 W AMELIA ST
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: John W. Holstein
Street Address (P.O. Box Number is Not Acceptable): 1821 Del Webb Blvd E.
City: Sun City Center **FL** Zip Code: 33573-6901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John W. Holstein — John W. Holstein — 1-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MDT HOLSTEIN, JOHN 1821 DEL WEBB BLVD E SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MDT Thomas N. Applegate 11208 Matisse Trail Austin, TX 78726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASTAIN, KAY 301 W. AMELIA STREET ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Greg Pierce 601 West 33rd. Ada, OK 74820	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROGERSMARTIN, KAY 12777 N ROCKWELL OKLAHOMA CITY, OK 73142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Marilyn Jenkins 1510 EagleCrest Drive Prescott, AZ 86301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P QUATMAN, JON 3254 EAST KEMPER RD CINCINNATI, OH 45241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Quatman, Jon 3254 East Kemper Rd. Cincinnati, OH 45241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONGSTREETH, SUSAN 134 NORTH MARION AVE BREMERTON, WA 98312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Longstreth, Susan 134 North Marion Ave Bremerton, WA 98312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary Gebhart 3254 East Kemper Rd. Cincinnati, OH 45241	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] THOMAS N. APPLEGATE 1/22/05 (512) 797-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #