2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713021

Apr 19, 2009 Secretary of State

Entity Name: NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF CAREER AND TECHNICAL EDUCATION,

Current Principal Place of Business: New Principal Place of Business:

6628 WILD ROSE LANE ATTN: THOMAS APPLEGATE WESTERVILLE, OH 43082

New Mailing Address: Current Mailing Address:

PO BOX 2473 ATTN: THOMAS APPLEGATE WESTERVILLE, OH 430862473 US

FEI Number: 59-6178162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOLSTEIN, JOHN W 1821 DEL WEBB BLVD E SUN CITY CENTER, FL 335736904 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MDT () Delete () Change () Addition

APPLEGATE, THOMAS N Name: Name: 6628 WILD ROSE LANE Address: Address: City-St-Zip: WESTERVILLE, OH 43082 City-St-Zip:

Title: () Delete Title: () Change () Addition

MAJOR, DOUG Name: Name: Address: 2101 NORTH ASH Address: City-St-Zip: PONCA CITY, OK 74601 City-St-Zip:

Title: () Delete Title: () Change () Addition

JENKINGS, MARILYN Name: Name: 1510 EAGLE CREST DR Address: Address: City-St-Zip: PRESCOTT, AZ 86301 City-St-Zip:

() Delete Title: Title: () Change () Addition

Name: FRIEDEMAN, THOMAS Name: 12777 N. ROCKWELL Address: Address: City-St-Zip: OKLAHOMA CITY, OK 73142 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WHITE, ROBERTA PAIST, GERALD Name: Name: 3254 EAST KEMPER ROAD 240 SYKES STREET Address: Address: City-St-Zip: CINCINNAT, OH 45241 City-St-Zip: PALMER, M 45241 01

Title: () Delete Title: (X) Change () Addition

HUGHES, DAVID GEBHART, GARY Name: Name: Address: 3254 EAST KEMPER RD Address: 101COLLEGE DRIVE CINCINNATI, OH 45241 HOT SPRINGS, AR 71913 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS N. APPLEGATE MDT 04/19/2009