2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713021

FILED Apr 19, 2012 Secretary of State

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

INC

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

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

Current Mailing Address: New 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

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

OFFICERS AND DIRECTORS:

Title: MDT

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

Title: P

 Name:
 HUGHES, DWIGHT

 Address:
 3921 34TH STREET

 City-St-Zip:
 WOODWARD, OK 73801

Title: S

 Name:
 MULVEY, NANCY

 Address:
 6375 HARRISON AVENUE

 City-St-Zip:
 CINCINNATI, OH 45247

Title: [

Name: BUSSEY, WILLIAM
Address: 400 RICHARDS ROAD
City-St-Zip: ZANESVILLE, OH 43701

Title: D

Name: PAIST, GERALD
Address: 240 SYKES STREET
City-St-Zip: PALMER, M 45241 01

Title: [

 Name:
 HUGHES, DAVID

 Address:
 101COLLEGE DRIVE

 City-St-Zip:
 HOT SPRINGS, AR 71913

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: THOMAS N. APPLEGATE MDT 04/19/2012