

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726831

FILED
Mar 28, 2008
Secretary of State

Entity Name: EDUCATIONAL SERVICES CONSORTIUM, INC.

Current Principal Place of Business:

6050 SHADY LANE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 14776
TALLAHASSEE, FL 32317 US

New Mailing Address:

6050 SHADY LANE
TALLAHASSEE, FL 32309 US

FEI Number: 23-7318045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, WILLIAM R
6050 SHADY LANE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: SNYDER, WILLIAM R
Address: 6050 SHADY LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VSD () Delete
Name: DAWON, JOEL
Address: 1615 SEMINOLE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: RAIFORD, SIMMIE
Address: 3301 CAMERON CHASE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: TR () Delete
Name: SNYDER, KATHRYN C
Address: 6050 SHADY LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: TR () Delete
Name: MORRIS, EMONY
Address: 2530 PINERIDGE RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: DAWSON, JOEL
Address: 1615 SEMINOLE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MORRIS, EMORY
Address: 2530 PINERIDGE RD
City-St-Zip: TALLAHASSEE, FL 32308

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: SNYDER, WILLIAM R.

PRES

03/28/2008

Electronic Signature of Signing Officer or Director

Date