

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753418

FILED  
Aug 09, 2005  
Secretary of State

**Entity Name:** ASSOCIATION FOR PSYCHOLOGICAL TYPE, INC.

**Current Principal Place of Business:**

4700 W. LAKE AVENUE  
GLENVIEW, IL 60025

**New Principal Place of Business:**

**Current Mailing Address:**

4700 W. LAKE AVENUE  
GLENVIEW, IL 60025

**New Mailing Address:**

**FEI Number:** 22-2291442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: DENSON, DANA  
Address: 3150 DOT DR  
City-St-Zip: CINCINNATI, OH 45213

Title: D ( ) Delete  
Name: HIRSH, SANDRA  
Address: 5000 NOB HILL DRIVE  
City-St-Zip: MINNEAPOLIS, MN 554391417

Title: P ( ) Delete  
Name: ROBINSON, DANIEL  
Address: ISU N247F LMH  
City-St-Zip: AMES, IA 50011

Title: PE ( ) Delete  
Name: TROMMELEN, LYNDA  
Address: 5279 BRADFORD RD  
City-St-Zip: HANOWSMITH, CANADA, KOH 1VD

Title: D ( ) Delete  
Name: HARRIS, DAVID  
Address: 1213 RIVER RD  
City-St-Zip: FAIRMONT, WV 26554

Title: ED ( ) Delete  
Name: WEIR, JIM  
Address: 4700 W. LAKE AVENUE  
City-St-Zip: GLENVIEW, IL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES M. WEIR

ED

08/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date