

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 58

DOCUMENT # 823274 (6)

1. Corporation Name

COLLEGE ENTRANCE EXAMINATION BOARD

Principal Place of Business

Mailing Address

45 COLUMBUS AVENUE
NEW YORK NY 10026-6932

45 COLUMBUS AVENUE
NEW YORK NY 10026-6992

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1969** 3a. Date of Last Report **03/02/1994**

4. FEI Number **13-1623965** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSLEY, AUSLY, MCMILLAN, MCGHEE, & CRTHS
WASHINGTON SQ BLDG
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**
NAME **BARKER, CAROL M.**
STREET ADDRESS **900 W END AVE. #15H**
CITY - ST - ZIP **NEW YORK NY**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **P**
NAME **STEWART, DONALD M.**
STREET ADDRESS **45 COLUMBUS AVENUE**
CITY - ST - ZIP **NEW YORK NY**

21 TITLE ☐ Change ☒ Addition
22 NAME **Trustee**
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **V**
NAME **RODGERS, KENNETH W.**
STREET ADDRESS **20 BROOKLINE RD.**
CITY - ST - ZIP **SCARSDALE, NY.**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **VT**
NAME **KENNETH B. BROWN**
STREET ADDRESS **45 COLUMBUS AVENUE**
CITY - ST - ZIP **NEW YORK NY**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME **Trustee**
53 STREET ADDRESS **Peter W. Stanley**
54 CITY - ST - ZIP **550 North College Avenue**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☒ Addition
62 NAME **Trustee**
63 STREET ADDRESS **Charles A. Kiesler**
64 CITY - ST - ZIP **105 Jesse Hall**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption from filing under Chapter 617, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth B. Brown VP & Treasurer 4/24/95 212-713-8005