

2901 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90363 001 ****61.25

DOCUMENT # 823274

1. Entity Name

College Entrance Examination Board

Principal Place of Business

45 Columbus Avenue
 New York, NY 10023-6992

Mailing Address

45 Columbus Avenue
 New York, NY 10023-6992

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-1623965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hendel, Patricia K. 500 East 77 Street New York, NY 10162	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Gaston Caperton 1 West 72 Street New York, NY 10023	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Frederick H. Dietrich Heritage Court Hillside, NJ 07642	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Weingarten 45 Columbus Avenue New York, NY 10023	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Thomas W. Payzant 25 Court Street Boston, MA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Linda M. Clement Mitchell Bldg College Park, MD 20742	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dorothy Sexton 45 Columbus Avenue New York, NY 10023-6992	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Weingarten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

212-713-8024

Daytime Phone #

CR2E037 (11/00)