

823274

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6380

Please retain original filing date of submission 1/17

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

13 JAN 17 AM 10:29
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**REGISTERED AGENT CHANGE
COLLEGE ENTRANCE EXAMINATION BOARD**

Certificate of Status	0
Certified Copy	0
Page Count	0804
Estimated Charge	\$35.00

Att: Darlene Connell

PA Change

Electronic Filing Menu Corporate Filing Menu Help

01-22-13

DC



January 17, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COLLEGE ENTRANCE EXAMINATION BOARD
45 COLUMBUS AVENUE
NEW YORK, NY -0236

SUBJECT: COLLEGE ENTRANCE EXAMINATION BOARD
REF: 823274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H13000013290
Letter Number: 113A00001409

RECEIVED
13 JAN 22 AM 8:08
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLLEGE ENTRANCE EXAMINATION BOARD

Name of Corporation

DOCUMENT NUMBER: 823274

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: COLLEGE ENTRANCE EXAMINATION BOARD
2. The principal office address: 45 COLUMBUS AVENUE, New York, NY 10023
3. The mailing address (if different):

4. Date of incorporation/qualification: 09/18/1969 Document number: 823274

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HOLLOWAY, AARON R
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301-1805 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

13 JAN 17 AM 10:27

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Gary W. Meyer
Chief Accounting Officer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: Connie Bryan 1/18/13
Signature of Registered Agent Date

Assistant Secretary

If signing on behalf of an entity:
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (03/12)