

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

From:

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

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REGISTERED AGENT CHANGE  
COLLEGE ENTRANCE EXAMINATION BOARD

Certificate of Status	0
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Page Count	0804
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Arra: Darlene  
Connell

*PA Change*

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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

REGULATORY SPECIALIST II  
DARLENE CONNELL  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA 32314

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

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.

Gary W. Meyer  
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  
Signature of Registered Agent

Connie Bryan 1/18/13  
Assistant Secretary  
Date

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)