


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 010 ****70.00

DOCUMENT # 835115 1. Entity Name INTERNATIONAL FIELD STUDIES INC.					
Principal Place of Business 30 PUBLIC SQUARE P.O. BOX 428 NELSONVILLE, OH 45764-0428 US			Mailing Address 30 PUBLIC SQUARE P.O. BOX 428 NELSONVILLE, OH 45764-0428 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-0806132	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOHL, WALTER B PH 1170 LEE WAGENER BLVD SUITE 114 FT LAUDERDALE, FL 33315				Name <u>Bohl, Walter B PH</u> Street Address (P.O. Box Number is Not Acceptable) <u>3350 SW 3rd Ave</u> <u>Suite 202B</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33315</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Walter B. Bohl Ph.D. Executive Director</u> <u>July 8, 08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HUGHES, JAMES II 270 S. DAWSON AVE. COLUMBUS, OH 43209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT BLANCHARD, ROSE M 14 S. VINE ST. WESTERVILLE, OH 43081	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOHL, WALTER B. 174 W. ROYAL FOREST BLVD. COLUMBUS, OH 43214	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bohl, Walter B. Ph.D. 18 W Orchard Lane #6 Columbus, Ohio 43214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAM, LUCE 285 W. SOUTH ST. WORTHINGTON, OH 43085	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Walter B. Bohl Ph.D. Ex. Dir</u> <u>WALTER B. BOHL Ph.D.</u> <u>07/08/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					