2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#835115

FILED Feb 10, 2009 Secretary of State

Entity Name: INTERNATIONAL FIELD STUDIES INC.

Current Principal Place of Business: New Principal Place of Business:

30 PUBLIC SQUARE 30 PUBLIC SQUARE

P.O. BOX 428 NELSONVILLE, OH 45764 US NELSONVILLE, OH 457640428 US

Current Mailing Address: New Mailing Address:

30 PUBLIC SQUARE P.O. BOX 428

NELSONVILLE, OH 457640428 US

FEI Number: 31-0806132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOHL, WALTER B PH
3350 SW 3RD AVE STE 202 B
FORT LAUDERDALE, FL 33315 US

BOHL, WALTER B PHD
3350 SW 3RD AVE
SUITE #202B

FORT LAUDERDALE, FL 33315 US SUITE #202B FORT LAUDERDALE, FL 33315 US

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: WALTER B BOHL PH.D. 02/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: VT () Delete Title: VP (X) Change() Addition

 Name:
 HUGHES, JAMÉS II
 Name:
 HUGHES, JAMÉS II

 Address:
 270 S. DAWSON AVE.
 Address:
 270 S. DAWSON AVE.

 City-St-Zip:
 COLUMBUS, OH 43209
 City-St-Zip:
 COLUMBUS, OH 43209

Title: STT () Delete Title: TRES (X) Change () Addition

 Name:
 BLANCHARD, ROSE M

 Address:
 14 S. VINE ST.

 Address:
 14 S. VINE ST.

City-St-Zip: WESTERVILLE, OH 43081 City-St-Zip: WESTERVILLE, OH 43081

Title: DT () Delete Title: EXD (X) Change () Addition Name: BOHL, WALTER B PHD Name: BOHL, WALTER B PHD

Address: 18 W DREHARD LANE #6 Address: 18 W ORCHARD LANE City-St-Zip: COLUMBUS, OH 43214 City-St-Zip: COLUMBUS, OH 43214

Title: PT () Delete Title: PRES (X) Change () Addition

 Name:
 WILLIAM, LUCE,
 Name:
 LUCE, WILLIAM

 Address:
 285 W. SOUTH ST.
 Address:
 285 W. SOUTH ST.

 City-St-Zip:
 WORTHINGTON, OH 43085
 City-St-Zip:
 WORTHINGTON, OH 43085

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER B. BOHL PH.D. EXD 02/10/2009