

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847303

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** FINANCIAL MANAGEMENT ASSOCIATION INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

4202 FOWLER AVE.,  
USF, COLLEGE OF BUSINESS ADMIN, SUITE 3331  
TAMPA, FL 33620

**New Principal Place of Business:**

**Current Mailing Address:**

4202 FOWLER AVE.,  
USF, COLLEGE OF BUSINESS ADMIN, SUITE 3331  
TAMPA, FL 33620

**New Mailing Address:**

**FEI Number:** 23-7177057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RADER, JACK S.  
4202 FOWLER AVE., UNIV. OF SOUTH FLORIDA  
COLLEGE OF BUSINESS ADMIN, SUITE 3331  
TAMPA, FL 33620 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: PATEL, AJAY  
Address: WAKE FOREST UNIV  
City-St-Zip: WINSTON-SALEM, NC 27109 US

Title: BTC  
Name: FLANNERY, MARK  
Address: UNIVERSITY OF FLORIDA  
City-St-Zip: GAINESVILLE, FL 32611 US

Title: T  
Name: ALTMAN, EDWARD  
Address: NEW YORK UNIVERSITY, STERN SCHOOL OF BUSIN  
City-St-Zip: NEW YORK, NY 10012 US

Title: T  
Name: WALKLING, RALPH  
Address: DREXEL UNIV, LEBOW COB  
City-St-Zip: PHILADELPHIA, PA 19104 US

Title: P  
Name: O'HARA, MAUREEN  
Address: CORNELL UNIVERSITY  
City-St-Zip: ITHACA, NY 14853 US

Title: T  
Name: MUSCARELLA, CHRIS  
Address: PENN STATE UNIV, COLLEGE OF BUSINESS  
City-St-Zip: UNIVERSITY PARK, PA 16802 US

I hereby 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 all other like empowered.

SIGNATURE: JACK RADER

EXDR

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date