

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004047

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** THE AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS INC.

**Current Principal Place of Business:**

4301 WILSON BOULEVARD, #400  
ARLINGTON, VA 22203

**New Principal Place of Business:**

**Current Mailing Address:**

4301 WILSON BOULEVARD, #400  
ARLINGTON, VA 22203

**New Mailing Address:**

**FEI Number:** 53-0172317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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: PCEO ( ) Delete  
Name: LEWIS-PICKETT, LINDA  
Address: 4301 WILSON BLVD., STE. 400  
City-St-Zip: ARLINGTON, VA 22203

Title: VP (X) Delete  
Name: GREENBERG, LAWRENCE  
Address: 4301 WILSON BLVD., SUITE 400  
City-St-Zip: ARLINGTON, VA 22203

Title: C ( ) Delete  
Name: RUTLEDGE, BONNIE  
Address: 120 STATE STREET  
City-St-Zip: MONTPELIER, VT 05602

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

Title: PCEO (X) Change ( ) Addition  
Name: CALVIN, MICHAEL R  
Address: 4301 WILSON BLVD., STE. 400  
City-St-Zip: ARLINGTON, VA 22203

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: HILLMER, DEBRA  
Address: 445 E CAPITOL  
City-St-Zip: PIERRE, SD 57501

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA AFES

CFO

04/18/2007

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

\_\_\_\_\_  
Date