


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90003 026 ****61.25

DOCUMENT # F03000003252
 1. Entity Name
AMERICAN COUNCIL ON EDUCATION INC.



Principal Place of Business
**ONE DUPONT CIRCLE, NW
 WASHINGTON, DC 20036**

Mailing Address
**ONE DUPONT CIRCLE, NW
 WASHINGTON, DC 20036**

J4U70673



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08142004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**CORDILL, NANCY
 FLORIDA DEPARTMENT OF EDUCATION
 325 W GAINES STREET
 TALLAHASSEE, FL 32399-0401**

4. FEI Number
53-0196573

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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	C TROUTT, WILLIAM E 2000 NORTH PARKWAY MEMPHIS, TN 38112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KIRWIN, WILLIAM E. UNIV OF MD, 3300 METZEROTT ROAD ADELPHI, MD 20783 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KIRWAN, WILLIAM E 205 BRICKER HALL, 190 NORTH OVAL MALL COLUMBUS, OH 43210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PELTON, M. LEE WILLAMETTE UNIV. SALEM, OR 97301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, DAVID ONE DUPONT CIRCLE, NW WASHINGTON, DC 20336 <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	V QUILIAN, BENJAMIN F ONE DUPONT CIRCLE, NW WASHINGTON, DC 20336 <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	S ROBERTSON, PIEDAD F X SANTA MONICA, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLBROOK, KAREN OHIO UNIV., 205 BRICKER HALL COLUMBUS, OH 43210 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *B. F. Quilian* **BENJAMIN F. OUILIAN** **8/26/04** **202-939-9451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #