

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**53-0196573**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDILL, NANCY  
FLORIDA DEPARTMENT OF EDUCATION  
325 W GAINES STREET  
TALLAHASSEE, FL 32399-0401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **C** ☐ Delete  
NAME **TROUTT, WILLIAM E**  
STREET ADDRESS **2000 NORTH PARKWAY**  
CITY-ST-ZIP **MEMPHIS, TN 38112**

TITLE **C** ☒ Change ☐ Addition  
NAME **KIRWIN, WILLIAM E.**  
STREET ADDRESS **UNIV OF MD, 3300 METZEROTT ROAD**  
CITY-ST-ZIP **ADELPHI, MD 20783**

TITLE **VC** ☐ Delete  
NAME **KIRWAN, WILLIAM E**  
STREET ADDRESS **205 BRICKER HALL, 190 NORTH OVAL MALL**  
CITY-ST-ZIP **COLUMBUS, OH 43210**

TITLE **VC** ☒ Change ☐ Addition  
NAME **PELTON, M. LEE**  
STREET ADDRESS **WILLAMETTE UNIV.**  
CITY-ST-ZIP **SALEM, OR 97301**

TITLE **P** ☐ Delete  
NAME **WARD, DAVID**  
STREET ADDRESS **ONE DUPONT CIRCLE, NW**  
CITY-ST-ZIP **WASHINGTON, DC 20336**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **QUILIAN, BENJAMIN F**  
STREET ADDRESS **ONE DUPONT CIRCLE, NW**  
CITY-ST-ZIP **WASHINGTON, DC 20336**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **ROBERTSON, PIEDAD F**  
STREET ADDRESS **X**  
CITY-ST-ZIP **SANTA MONICA, CA**

TITLE **S** ☒ Change ☐ Addition  
NAME **HOLBROOK, KAREN**  
STREET ADDRESS **OHIO UNIV., 205 BRICKER HALL**  
CITY-ST-ZIP **COLUMBUS, OH 43210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. QUILIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/26/04** **202-939-9451**  
Date Daytime Phone #