

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004588

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE TRUSTEES OF THE STEVENS INSTITUTE OF TECHNOLOGY, CORP.

Current Principal Place of Business:

CASTLE POINT ON HUDSON
HOBOKEN, NJ 07030

New Principal Place of Business:

Current Mailing Address:

CASTLE POINT ON HUDSON
HOBOKEN, NJ 07030 US

New Mailing Address:

FEI Number: 22-1487354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JANICE R MRS.
9294 S.E. COVE POINT STREET
TEQUESTA, FL 33469 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: P () Delete
Name: RAVECHE, HAROLD J
Address: CASTLE POINT ON HUDSON
City-St-Zip: HOBOKEN, NJ 07030

Title: V () Delete
Name: REGAN, FRED H
Address: CASTLE POINT ON HUDSON
City-St-Zip: HOBOKEN, NJ 07030

Title: ST () Delete
Name: GREENE, RANDY L
Address: CASTLE POINT ON HUDSON
City-St-Zip: HOBOKEN, NJ 07030

Title: C () Delete
Name: BABBIO, LAWRENCE T
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: VC () Delete
Name: SHULMAN, STEVEN
Address: THE HAMPTON GROUP, LIBERTY LANE
City-St-Zip: HAMPTON, NH 03842

Title: D () Delete
Name: JOHNSTON, GEORGE
Address: 100 POPLAR DRIVE
City-St-Zip: CEDAR KNOLLS, NJ 07927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: REGAN, FREDERICK E
Address: CASTLE POINT ON HUDSON
City-St-Zip: HOBOKEN, NJ 07030

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

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

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

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

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: MICHAEL MCGARRY

A

03/23/2009

Electronic Signature of Signing Officer or Director

Date