


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F04000002932 1. Entity Name INTERCOLLEGIATE STUDIES INSTITUTE, INC.	
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Principal Place of Business 3901 CENTERVILLE ROAD WILMINGTON, DE 19807	Mailing Address P.O. BOX 4431 WILMINGTON, DE 19807-0431
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-6050131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REGNERY, ALFRED S 1611 S. KENT ST. #901 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BOYLE, J BAYARD JR 5900 POPLAR AVE. MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIBB, T. KENNETH JR P.O. BOX 4431 WILMINGTON, DE 19807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOYER, MERRILL S BROAD & MAIN STREETS SOUDEXTON, PA 18964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, RICHARD V 905 SIXTEENTH STREET, NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOXX, T. WILLIAM P.O. BOX 186 LATROBE, PA

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05/17/07-80053-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: T. Kenneth Cribb, Jr. T. Kenneth Cribb, Jr. - President 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (302) 652-4600